



Certificate of Need Application

**Freeman Health System
New Linear Accelerator**

Project # 4985 HS

Letter of Intent Date: September 19, 2013
Application Date: October 23, 2013



Certificate of Need Program

NEW OR ADDITIONAL EQUIPMENT APPLICATION

Applicant's Completeness Checklist and Table of Contents

Project Name: Freeman Health System - New Linear Ac

Project No: 4985 HS

Project Description: Acquire and operate new linear accelerator at 932 E. 34th Street, Joplin, MO 64804

Done Page N/A Description

Divider I. Application Summary:

- ✓ 1 1. Applicant Identification and Certification (Form MO 580-1861).
- ✓ 2 2. Representative Registration (Form MO 580-1869).
- ✓ 10 3. Proposed Project Budget (Form MO 580-1863) and detail sheet with documentation of costs.

Divider II. Proposal Description:

- ✓ 12 1. Provide a complete detailed project description and include equipment bid quotes.
- ✓ 56 2. Provide a legible city or county map showing the exact location of the project.
- ✓ 58 3. Define the community to be served.
- ✓ 60 4. Provide 2015 population projections for the proposed geographic service area.
- ✓ 62 5. Provide other statistics to document the size and validity of any user-defined geographic service area.
- ✓ 63 6. Identify specific community problems or unmet needs the proposal would address.
- ✓ 64 7. Provide historical utilization for each of the past three years and utilization projections through the first three full years of operation of the new equipment.
- ✓ 65 8. Provide the methods and assumptions used to project utilization.
- ✓ 66 9. Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.
- ✓ 67 10. Provide copies of any petitions, letters of support or opposition received.

Divider III. Community Need Criteria and Standards:

- ✓ 83 1. For new units address the need formula for the proposed geographic service area.
- ✓ 84 2. For new units, address the minimum annual utilization standard for the proposed geographic service area.
- ✓ 3. For any new unit where specific need and utilization standards are not listed, provide the methodology for determining need.
- ✓ 4. For additional units, document compliance with the optimal utilization standard, and if not achieved, provide documentation to justify the additional unit.
- ✓ 5. For evolving technology address the following:
 - ✓ - Medical effects as described and documented in published scientific literature;
 - ✓ - The degree to which the objectives of the technology have been met in practice;
 - ✓ - Any side effects, contraindications or environmental exposures;
 - ✓ - The relationships, if any, to existing preventive, diagnostic, therapeutic or management technologies and the effects on the existing technologies;
 - ✓ - Food and Drug Administration approval;
 - ✓ - The need methodology used by this proposal in order to assess efficacy and cost impact of the proposal; and
 - ✓ - The degree of partnership, if any, with other institutions for joint use and financing.

Divider IV. Financial Feasibility Review Criteria and Standards:

- ✓ 85 1. Document that sufficient financing is available by providing a letter from a financial institution or an auditor's statement indicating that sufficient funds are available.
- ✓ 88 2. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) projected through three full years beyond project completion.
- ✓ 89 3. Document how patient charges were derived.
- ✓ 90 4. Document responsiveness to the needs of the medically indigent.

Divider I.

Application Summary:



Certificate of Need Program

APPLICANT IDENTIFICATION AND CERTIFICATION

The information provided must match the **Letter of Intent** for this project, without exception.

1. Project Location (Attach additional pages as necessary to identify multiple project sites.)

Title of Proposed Project Freeman Health System - New Linear Accelerator	Project Number #4985 HS
Project Address (Street/City/State/Zip Code) 932 E. 34th Street / Joplin / Missouri / 64804	County Newton

2. Applicant Identification (Information must agree with previously submitted Letter of Intent.)

List All Owner(s): <small>(List corporate entity.)</small>	Address (Street/City/State/Zip Code)	Telephone Number
Freeman Health System	1102 West 32nd Street / Joplin / Missouri / 64804	(417) 347-1111

List All Operator(s): <small>(List entity to be licensed or certified.)</small>	Address (Street/City/State/Zip Code)	Telephone Number
Freeman Health System	1102 West 32nd Street / Joplin / Missouri / 64804	(417) 347-1111

3. Ownership (Check applicable category.)

- | | | | |
|---|--------------------------------------|---------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Individual | <input type="checkbox"/> City | <input type="checkbox"/> District |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Corporation | <input type="checkbox"/> County | <input type="checkbox"/> Other _____ |

4. Certification

In submitting this project application, the applicant understands that:

- (A) The review will be made as to the community need for the proposed beds or equipment in this application;
- (B) In determining community need, the Missouri Health Facilities Review Committee (Committee) will consider all similar beds or equipment within the service area;
- (C) The issuance of a Certificate of Need (CON) by the Committee depends on conformance with its Rules and CON statute;
- (D) A CON shall be subject to forfeiture for failure to incur an expenditure on any approved project six (6) months after the date of issuance, unless obligated or extended by the Committee for an additional six (6) months;
- (E) Notification will be provided to the CON Program staff if and when the project is abandoned; and
- (F) A CON, if issued, may not be transferred, relocated, or modified except with the consent of the Committee.

We certify the information and date in this application as accurate to the best of our knowledge and belief by our representative's signature below:

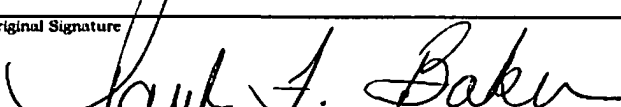
5. Authorized Contact Person (Attach a Contact Person Correction Form if different from the Letter of Intent.)

Name of Contact Person Nathan Mordica	Title Director of New Business Operations
Telephone Number (417) 347-4144	Fax Number (417) 347-9204
E-mail Address nmmordica@freemanhealth.com	
Signature of Contact Person 	Date of Signature 10/17/13



Certificate of Need Program

REPRESENTATIVE REGISTRATION

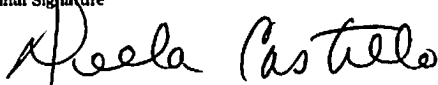
<i>(A registration form must be completed for each project presented.)</i>	
Project Name Freeman Health System - New Linear Accelerator	Number #4985 HS
<i>(Please type or print legibly.)</i>	
Name of Representative Paula Baker	Title President & CEO
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) Freeman Health System	Telephone Number (417) 347-6602
Address (Street/City/State/Zip Code) 1102 West 32nd Street / Joplin / Missouri / 64804	
Who's interests are being represented? <i>(If more than one, submit a separate Representative Registration Form for each.)</i>	
Name of Individual/Agency/Corporation/Organization being Represented Freeman Health System	Telephone Number (417) 347-1111
Address (Street/City/State/Zip Code) 1102 West 32nd Street / Joplin / Missouri / 64804	
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p>Check one. Do you:</p><p><input checked="" type="checkbox"/> Support</p><p><input type="checkbox"/> Oppose</p><p><input type="checkbox"/> Neutral</p><p>Other Information:</p><p>_____</p><p>_____</p></div><div style="width: 45%;"><p>Relationship to Project:</p><p><input type="checkbox"/> None</p><p><input checked="" type="checkbox"/> Employee</p><p><input type="checkbox"/> Legal Counsel</p><p><input type="checkbox"/> Consultant</p><p><input type="checkbox"/> Lobbyist</p><p><input type="checkbox"/> Other (explain):</p></div></div>	
<p>I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: <i>Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in §105.478, RSMo.</i></p>	
Original Signature 	Date 10/22/13

MO 580-1869 (11/01)



Certificate of Need Program

REPRESENTATIVE REGISTRATION

(A registration form must be completed for each project presented.)	
Project Name Freeman Health System - New Linear Accelerator	Number #4985 HS
(Please type or print legibly.)	
Name of Representative Della Castillo	Title Director of Freeman Cancer Institute
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) Freeman Health System	Telephone Number (417) 347-4002
Address (Street/City/State/Zip Code) 1102 West 32nd Street / Joplin / Missouri / 64804	
Who's interests are being represented? (If more than one, submit a separate Representative Registration Form for each.)	
Name of Individual/Agency/Corporation/Organization being Represented Freeman Health System	Telephone Number (417) 347-1111
Address (Street/City/State/Zip Code) 1102 West 32nd Street / Joplin / Missouri / 64804	
Check one. Do you: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neutral	Relationship to Project: <input type="checkbox"/> None <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Legal Counsel <input type="checkbox"/> Consultant <input type="checkbox"/> Lobbyist <input type="checkbox"/> Other (explain):
Other Information: _____ _____	
I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: <i>Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in § 105.478, RSMo.</i>	
Original Signature 	Date 10/22/13

MO 580-1869(11/01)



Certificate of Need Program

REPRESENTATIVE REGISTRATION


(A registration form must be completed for each project presented.)	
Project Name Freeman Health System - New Linear Accelerator	Number #4985 HS
(Please type or print legibly.)	
Name of Representative Daniel Caylor	Title Director of Facilities Management
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) Freeman Health System	Telephone Number (417) 347-6624
Address (Street/City/State/Zip Code) 1102 West 32nd Street / Joplin / Missouri / 64804	
Who's interests are being represented? (If more than one, submit a separate Representative Registration Form for each.)	
Name of Individual/Agency/Corporation/Organization being Represented Freeman Health System	Telephone Number (417) 347-1111
Address (Street/City/State/Zip Code) 1102 West 32nd Street / Joplin / Missouri / 64804	
Check one. Do you: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neutral	Relationship to Project: <input type="checkbox"/> None <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Legal Counsel <input type="checkbox"/> Consultant <input type="checkbox"/> Lobbyist <input type="checkbox"/> Other (explain):
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Original Signature 	Date 10/11/17

MO 580-1869 (11/01)



Certificate of Need Program

REPRESENTATIVE REGISTRATION

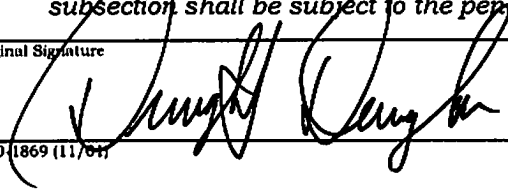
<i>(A registration form must be completed for each project presented.)</i>	
Project Name Freeman Health System - New Linear Accelerator	Number #4985 HS
<i>(Please type or print legibly.)</i>	
Name of Representative Lesa Deardorff	Title Director of Radiology Services
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) Freeman Health System	Telephone Number (417) 347-4934
Address (Street/City/State/Zip Code) 1102 West 32nd Street / Joplin / Missouri / 64804	
Who's interests are being represented? <i>(If more than one, submit a separate Representative Registration Form for each.)</i>	
Name of Individual/Agency/Corporation/Organization being Represented Freeman Health System	Telephone Number (417) 347-1111
Address (Street/City/State/Zip Code) 1102 West 32nd Street / Joplin / Missouri / 64804	
Check one. Do you: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neutral	Relationship to Project: <input type="checkbox"/> None <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Legal Counsel <input type="checkbox"/> Consultant <input type="checkbox"/> Lobbyist <input type="checkbox"/> Other (explain):
Other Information: _____ _____	
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Original Signature 	Date 10-21-13

MO 586-1869 (11/01)



Certificate of Need Program

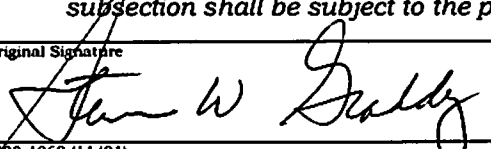
REPRESENTATIVE REGISTRATION

(A registration form must be completed for each project presented.)	
Project Name Freeman Health System - New Linear Accelerator	Number #4985 HS
(Please type or print legibly.)	
Name of Representative H. Dwight Douglas	Title General Counsel
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) Freeman Health System	Telephone Number (417) 347-4949
Address (Street/City/State/Zip Code) 1102 West 32nd Street / Joplin / Missouri / 64804	
Who's interests are being represented? (If more than one, submit a separate Representative Registration Form for each.)	
Name of Individual/Agency/Corporation/Organization being Represented Freeman Health System	Telephone Number (417) 347-1111
Address (Street/City/State/Zip Code) 1102 West 32nd Street / Joplin / Missouri / 64804	
Check one. Do you: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neutral	Relationship to Project: <input type="checkbox"/> None <input checked="" type="checkbox"/> Employee <input checked="" type="checkbox"/> Legal Counsel <input type="checkbox"/> Consultant <input type="checkbox"/> Lobbyist <input type="checkbox"/> Other (explain):
Other Information: _____ _____	
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Original Signature 	Date 10-3-13



Certificate of Need Program

REPRESENTATIVE REGISTRATION

(A registration form must be completed for each project presented.)	
Project Name Freeman Health System - New Linear Accelerator	Number #4985 HS
(Please type or print legibly.)	
Name of Representative Steve Graddy	Title Chief Financial Officer
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) Freeman Health System	Telephone Number (417) 347-6678
Address (Street/City/State/Zip Code) 1102 West 32nd Street / Joplin / Missouri / 64804	
Who's interests are being represented? (If more than one, submit a separate Representative Registration Form for each.)	
Name of Individual/Agency/Corporation/Organization being Represented Freeman Health System	Telephone Number (417) 347-1111
Address (Street/City/State/Zip Code) 1102 West 32nd Street / Joplin / Missouri / 64804	
Check one. Do you: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neutral	Relationship to Project: <input type="checkbox"/> None <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Legal Counsel <input type="checkbox"/> Consultant <input type="checkbox"/> Lobbyist <input type="checkbox"/> Other (explain):
Other Information: _____ _____	
<p>I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: <i>Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in §105.478, RSMo.</i></p>	
Original Signature  CFO	Date 10/22/2013

MO 580-1869 (11/01)



Certificate of Need Program

REPRESENTATIVE REGISTRATION

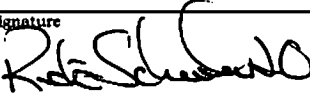
<i>(A registration form must be completed for each project presented.)</i>	
Project Name Freeman Health System - New Linear Accelerator	Number #4985 HS
<i>(Please type or print legibly.)</i>	
Name of Representative Nathan Mordica	Title Director of New Business Operations
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) Freeman Health System	Telephone Number (417) 347-4144
Address (Street/City/State/Zip Code) 1102 West 32nd Street / Joplin / Missouri / 64804	
Who's interests are being represented? <i>(If more than one, submit a separate Representative Registration Form for each.)</i>	
Name of Individual/Agency/Corporation/Organization being Represented Freeman Health System	Telephone Number (417) 347-1111
Address (Street/City/State/Zip Code) 1102 West 32nd Street / Joplin / Missouri / 64804	
Check one. Do you: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neutral	Relationship to Project: <input type="checkbox"/> None <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Legal Counsel <input type="checkbox"/> Consultant <input type="checkbox"/> Lobbyist <input type="checkbox"/> Other (explain):
Other Information: _____ _____	
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Original Signature <i>Nathan Mordica</i>	Date 10/17/13

MO 580-1869 (11/01)



Certificate of Need Program

REPRESENTATIVE REGISTRATION

(A registration form must be completed for each project presented.)	
Project Name Freeman Health System - New Linear Accelerator	Number #4985 HS
(Please type or print legibly.)	
Name of Representative Dr. Richard Schooler	Title Executive VP & Chief Operating Officer
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) Freeman Health System	Telephone Number (417) 347-6647
Address (Street/City/State/Zip Code) 1102 West 32nd Street / Joplin / Missouri / 64804	
Who's interests are being represented? (If more than one, submit a separate Representative Registration Form for each.)	
Name of Individual/Agency/Corporation/Organization being Represented Freeman Health System	Telephone Number (417) 347-1111
Address (Street/City/State/Zip Code) 1102 West 32nd Street / Joplin / Missouri / 64804	
Check one. Do you: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neutral	Relationship to Project: <input type="checkbox"/> None <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Legal Counsel <input type="checkbox"/> Consultant <input type="checkbox"/> Lobbyist <input type="checkbox"/> Other (explain):
Other Information: _____ _____	_____ _____
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Original Signature 	Date 11-22-13

MO 580-1869 (11/01)



Certificate of Need Program

PROPOSED PROJECT BUDGET

Description

Dollars

COSTS:*

(Fill in every line, even if the amount is "\$0".)

1. New Construction Costs ***	\$725,000
2. Renovation Costs ***	\$0
3. Subtotal Construction Costs (#1 plus #2)	\$725,000
4. Architectural/Engineering Fees	\$50,000
5. Other Equipment (not in construction contract)	\$216,332
6. Major Medical Equipment	\$3,752,802
7. Land Acquisition Costs ***	\$0
8. Consultants' Fees/Legal Fees ***	\$0
9. Interest During Construction ***	\$0
10. Other Costs ****	\$0
11. Subtotal Non-Construction Costs (sum of #4 through #10)	\$4,019,134
12. Total Project Development Costs (#3 plus #11)	\$4,744,134 **

FINANCING:

13. Unrestricted Funds	\$0
14. Bonds	\$0
15. Loans	\$4,744,134
16. Other Methods (specify: _____)	\$0
17. Total Project Financing (sum of #13 through #16)	\$4,744,134 **

18. New Construction Total Square Footage	1,676
19. New Construction Costs Per Square Foot *****	\$433
20. Renovated Space Total Square Footage	0
21. Renovated Space Costs Per Square Foot *****	\$0

* Attach additional page(s) detailing how each line item was determined, including all methods and assumptions used. Provide documentation of all major costs. For major medical equipment, refer to 19 CSR 60-50.300 (11) for inclusion of costs.

** These amounts should be the same.

*** Capitalizable items to be recognized as capital expenditures after project completion.

**** Include as Other Costs the following: other costs of financing; the value of existing lands, buildings and equipment not previously used for health care services, such as a renovated house converted to residential care, determined by original cost, fair market value, or appraised value; or the fair market value of any leased equipment or building, or the cost of beds to be purchased.

***** Divide new construction costs by total new construction square footage.

***** Divide renovation costs by total renovation square footage.

I. Application Summary

3. Proposed Project Budget detail sheet with documentation of costs.

1. New Construction Costs

See enclosed estimate from ACI Boland attached as **Exhibit A**. The estimate includes construction costs for a new vault, shield, and control room.

4. Architectural/Engineering Fees

See enclosed estimate from ACI Boland attached as **Exhibit A**.

5. Other Equipment (not in construction contract)

See enclosed quotes from Standard Imaging, Inc. attached as **Exhibit B** and Sun Nuclear Corporation attached as **Exhibit C** for specific components included in quotes.

Equipment from Standard Imaging, Inc. totals \$25,297 and Sun Nuclear Corporation totals \$191,035. Equipment provided by Standard Imaging, Inc. and Sun Nuclear Corporation is used for patient positioning, guidance, and dosimetry related to treatment with linear accelerator.

6. Major Medical Equipment

See enclosed quote from Varian Medical Systems for the TrueBeam linear accelerator attached as **Exhibit D**.

The Varian Medical Systems quote includes specific components for the following sections:

- TrueBeam Package
- Lasers
- New Eclipse Treatment Planning
- Advanced Contouring/Deformable Registration
- ARIA Oncology Information System
- ARIA Components
- ARIA Interfaces to Hospital Information System
- ARRA/HITECH Interfaces

15. Loans

See enclosed letter from Commerce Bank attached as **Exhibit J** indicating Freeman Health System has an open line of credit through Commerce Bank to finance this project.

18. New Construction Total Square Footage

According to the schematic included with **Exhibit A** from ACI Boland, the expansion housing the linear accelerator would be 1,496 square feet (34'x44') and the construction specific to a control room would be 180 square feet (10'x18'). Construction specific to the linear accelerator is estimated at 1,676 total square feet.

Divider II.

Proposal Description:

II. Proposal Description

1. Provide a complete detailed project description and include equipment bid quotes.

Freeman Health System proposes to purchase a Varian TrueBeam linear accelerator and begin offering radiation oncology services through the Freeman Cancer Institute in order to provide comprehensive Cancer treatments for its patients. Cost of a new unit is quoted at \$3,752,802, with construction/renovation costs estimated at \$725,000. The estimate also includes \$266,332 for other equipment and costs. Estimates include installation and software. Freeman proposes to finance the project through an existing line of credit with Commerce Bank. The new equipment will be located in a new addition to Freeman Health System's East Campus at 932 E. 34th Street in Joplin. This location is approximately one mile from the Freeman Cancer Institute. This facility currently houses a PET/CT scanner that was installed in July 2011. The PET scanner is currently used on cancer patients as well as to detect other diseases.

The Freeman Cancer Institute provides comprehensive medical oncology services and the most up-to-date technological advances in the fight against cancer, all in one convenient and comfortable setting. Freeman Cancer Institute offers the latest technology in patient care, featuring a chemotherapy treatment area with 19 chemotherapy chairs; 6 infusion chairs; an on-site mix pharmacy with a state-of-the-art ChemoSHIELD 600 Barrier Isolator mix hood, which allows quicker, safer, and more efficient treatments; and a dedicated patient education room. Freeman Cancer Institute employs a multi-disciplinary team that includes board certified medical oncologist and hematologists, a board certified oncology pharmacist, oncology certified nurses, multidisciplinary nurse practitioners, oncology clinical trial nurses, social workers, and financial staff.

In 2012 the Freeman Cancer Institute administered 14,624 chemotherapy procedures and had 13,603 estimated patient visits. Of those patient visits, 1,046 were for new patients. For the first eight months of 2013, 9,430 chemotherapy procedures were performed and 709 new patients were seen.

The purchase of a TrueBeam linear accelerator will allow the Freeman Cancer Institute to provide a full range of radiation oncology services to patients. The availability of both radiation and chemotherapy treatments under one treatment team will make case management more efficient for patients. Freeman will be able to determine when equipment or procedures are in need of being updated and will be in charge of how this is accomplished.

The Varian TrueBeam linear accelerator provides more precision and speed than previous technology, which improves the effectiveness and efficiency of treatment and promotes better patient outcomes. The following highlights about the Varian TrueBeam linear accelerator is sourced from Varian Medical System's "A Patient Guide to TrueBeam Radiotherapy Technology":

“The TrueBeam system is a radiotherapy system that uses noninvasive tumor-destroying radiation to treat cancers throughout the body as it minimizes exposure to surrounding healthy tissue. Developed by Varian Medical Systems, a world leader in radiotherapy oncology solutions, this powerful technology is precise, accurate and fast. In fact, most treatments only take minutes a day. And the TrueBeam system’s advanced imaging and treatment modes allow doctors to tailor treatments specifically to a particular cancer.

As technical as it is, the underlying idea of radiotherapy is really pretty simple: beams of radiation are used to destroy cancer cells. When you undergo a TrueBeam treatment, these beams damage cancerous cells while minimizing exposure to nearby healthy cells. When the very precise beams hit the cancerous cells, their ability to reproduce is compromised and they eventually die, causing the tumor to shrink. However, unlike cancer cells, normal cells have the ability to repair themselves.

TrueBeam performs many advanced forms of radiotherapy. These include intensity-modulated radiotherapy (IMRT) and image-guided radiotherapy (IGRT). IMRT is a treatment technique where doctors are able to customize your radiation dose by varying (or modulating) the amount of radiation that is sent to different parts of your tumor. IGRT uses advanced imaging so doctors and clinicians can visualize your tumor. This allows them to verify the exact position of the tumor and treat it precisely.

TrueBeam is an advanced radiotherapy system from Varian Medical Systems that delivers treatment with speed and accuracy. TrueBeam synchronizes a beam system (that provides the beams of radiation for treatment) to an imaging system (that allows doctors to “see” the tumor they’re treating). It also has sophisticated respiratory monitoring systems that compensate for your breathing as it targets the tumor. Because treatment delivery is noninvasive, there is no incision or surgery with TrueBeam. The ability to deliver higher doses of radiation at great speed allows most treatments to be given in just minutes a day.”*

* The Varian Medical Systems literature quotation set forth above has been edited to remove redundancy and non TrueBeam specific language.



October 23, 2013

ACI/BOLAND, INC. – KANSAS CITY
1421 E 104th Street, Suite 100
Kansas City, Missouri 64131
T. 816.763.9600
F. 816.763.9757

Mr. Daniel Caylor
Director of Facilities Management
Freeman Health System
1102 West 32nd Street
Joplin, MO 64804-3599

RE: Radiation Oncology Addition

Dear Danny:

We have prepared a schematic drawing of the proposed linear accelerator addition at the Freeman East campus.

Based on that sketch and our knowledge of the conditions of the site, we estimate a construction cost of \$725,000 for the new vault, shield and control room. This estimate is exclusive of all fees, equipment and land acquisition costs. It does include a small amount of site work, modifications to the exterior of the existing building, connection to the existing structure and all mechanical, electrical and fire protection services.

In addition, the fees for this scope will be \$50,000. These fees include architectural, engineering (MEP, structural, civil) and physicist design.

Please let us know if you have any questions or need further clarification.

Sincerely,

ACI/BOLAND, INC.

A handwritten signature in dark ink, appearing to read 'V. Mosby', with a large, sweeping loop at the end.

Victor L. Mosby
Principal/Architect

pc: contract file 5-13077.00

10/23/2013





3120 Deming Way, Middleton, WI 53562-1461 USA
800-261-4446 . ph 608-831-0025 . fax 608-831-2202

Sales Rep.: Mike Dresen

email: mdresen@standardimaging.com

Quotation

Exhibit B

C10302

Prepared For: Lesa Deardorff

Freeman Hospital East
Radiation Oncology Dept.
932 E. 34th St.
Joplin, MO 64804
USA

Expir. Date: 1/14/2014

Currency Type: USD

Payment Terms: Net 30

Shipping Terms: FOB Middleton, WI

Quote ID: Q26450

Quote Date: 10/16/2013

Revision: 1

Page Number: Page 1 of 2

Item ID	Item Name	Req Qty	Unit Price	Extended Price
92702	A10 Exradin UltraGuard Markus-type Waterproof Electron Chamber, 0.051cc Exceptionally wide guard ring of 4.3mm for perturbation free measurements! 5-year warranty	1.0	\$3,495.00	\$3,495.00
80031	Calibration for therapy ionization chamber, cobalt point in WATER, first point	1.0	\$750.00	\$750.00
80032-2	Calibration for Therapy Ionization Chamber, Cobalt Point in AIR, Second Point	1.0	\$300.00	\$300.00
92734	A19 Exradin Waterproof Classic Farmer-Type Chamber, 0.62cc with 5 year warranty	1.0	\$1,810.00	\$1,810.00
80031	Calibration for therapy ionization chamber, cobalt point in WATER, first point	1.0	\$750.00	\$750.00
80032-2	Calibration for Therapy Ionization Chamber, Cobalt Point in AIR, Second Point	1.0	\$300.00	\$300.00
90018	SuperMAX Electrometer - Reference Class Dual Channel Electrometer with 6.4" color TFT, touchscreen display - Rate - low range - 0.001pA - 500.0 pA, 1fA resolution - high range - 0.001nA - 500.0 nA, 1pA resolution - Charge - low range - 0.001pC - 999.9 uC, 1fC resolution - high range - 0.001nC - 999.9 uC, 1pC resolution - Bias voltage - user settings -1000 to -100, 0; 100 to 1000 (set in 1 volt increments) - Collection modes: trigger, timed or continuous - Internal memory - store preferences, >100 sources, >100 chamber/system factors - Includes 5 year parts and labor warranty!	1.0	\$9,995.00	\$9,995.00
80015-8	Electrometer Calibration eight scales	1.0	\$700.00	\$700.00
RDB-4198	Digital Handheld Barometer, Thermometer, Altimeter, Clock, Stopwatch, Tracable to a NIST Standard	1.0	\$300.00	\$300.00
RDT-4378	Digital thermometer, Traceable Lollipop Waterproof/Shockproof, +/- 0.2 accuracy	1.0	\$95.00	\$95.00
70004-15	15 meter, Extension Cable (50') with tri-axial BNC or TNC connectors caps & chains	2.0	\$432.00	\$864.00
R352-240	Electronic Level 6" w/magnetic holder	1.0	\$320.00	\$320.00
R350	Virtual Water Phantom, 30 x 30 x 5cm	2.0	\$808.00	\$1,616.00
R320	Virtual Water Phantom, 30 x 30 x 2cm	1.0	\$461.00	\$461.00
R310	Virtual Water Phantom, 30 x 30 x 1cm	1.0	\$366.00	\$366.00
R305	Virtual Water Phantom, 30 x 30 x 0.5cm	1.0	\$366.00	\$366.00
R302	Virtual Water Phantom, 30 x 30 x 0.2cm	2.0	\$366.00	\$732.00
R301	Virtual Water Phantom, 30 x 30 x 0.1cm	1.0	\$416.00	\$416.00
R320-Cd	Virtual Water Phantom, 30 x 30 x 2cm with drilled cavity for ion chamber	1.0	\$715.00	\$715.00
Line Comments : drilled for A19				
RVWS	Virtual Water Scribe Line on Virtual Water, On Face of Slab Only	1.0	\$100.00	\$100.00
R320-Cm	Virtual Water Phantom, 30 x 30 x chamber thickness (1.4cm - 1.7cm) milled for Parallel Plate Chamber (Specify Chamber) ie..Exradin A10 is 1.4cm thick, Exradin A11 is 1.7cm thick. Request technote 4502.	1.0	\$746.00	\$746.00
Line Comments : milled for A10				
RVWS	Virtual Water Scribe Line on Virtual Water, On Face of Slab Only	1.0	\$100.00	\$100.00

Total Extended Price: \$25,297.00

Expir. Date: 1/14/2014
Currency Type: USD
Payment Terms: Net 30
Shipping Terms: FOB Middleton, WI

Quote ID: Q26450
Quote Date: 10/16/2013
Revision: 1
Page Number: Page 2 of 2

Standard Terms: (Unless otherwise specified)

1. Shipping is pre-paid and billed.
2. Standard Imaging does NOT collect taxes. The purchaser is responsible for paying all applicable taxes
3. Delivery is 30 days or less.
4. These prices are valid for 90 days.
5. All equipment is compatible in cables and triax connectors and must be specified as BNC, TNC, or Type M.
6. Above items are all warranted for a minimum period of 12 months.
7. 10 year warranty option on select (contact for availability) Exradin chambers must be made at time of purchase.
8. Return policy available upon request. Special orders, custom, resale products and ADCL calibrations will not be accepted for return credit or exchange.
9. All equipment is subject to regulatory and/or territorial release, if applicable.

Special Instructions:



425-A Pineda Court
Melbourne, FL 32940
Phone: +1 321-259-6862
Fax: +1 321-757-0066

Quotation

Questions? Contact: Stacey Geier x316 StaceyGeier@sunnuclear.com

BILL TO

Freeman Hospital West
Kevin R. Brown
1102 West 32nd Street
Joplin, MO 64804

SHIP TO

Freeman Hospital West
Kevin R. Brown
1102 West 32nd Street
Joplin, MO 64804

Date	09/18/13
Quote #	00323506
Date Exp.	12/31/13
Terms	Net 30
Ship Via	UPS Ground Service
FOB	Shipping Point

For Purchase Order processing, please email orders to Orders@sunnuclear.com

Item	Part #	Description	Qty	Unit Price	Extended Price
1	1230000-0	<p>3D Scanner (BNC)</p> <p>Relative dosimetry cylindrical 3D water scanning system. Ring drive mechanism positions detector in any relevant 3D location, making the detector axis always perpendicular to the profile scanning direction. One year hardware and software warranty. One day installation and setup included (training separate).</p> <p>System includes:</p> <ol style="list-style-type: none"> 1. Museum quality PMMA tank resists deformation with 686mm outside diameter, 600mm system height, 13mm wall thickness, 19mm bottom thickness, 37kg weight. 2. Electrometer with industry leading specifications including dual independent measurement input channels. 3. Multi-functional hand pendant. 4. Scanning and reference detector holders. 5. SNC Dosimetry software with unlimited workstation software license with comprehensive functionality including automatic beam center location, leveling accuracy verification, and pre-defined editable scanning scripts. 6. RTP export interface to TPS. <p>Requires 1230000-1 or 1230000-3</p> <p>See product data sheet for minimum PC requirements.</p>	1	\$ 59,950.00	\$ 59,950.00

Questions? Contact: Stacey Geier x316 StaceyGeier@sunnuclear.com

2	1230000-3	3D MiniLift 3D SCANNER electronic lift table with 50cm vertical travel and vertical stability better than 1.0mm over two days with full tank and at maximum lift height. Legs fold inward to compact size for easy portability. When extended legs fully clear all common Linac floor mounted couch disks improving setup quality and eliminates the risk of tank-shift when the couch disk is stepped on.	1	\$ 13,950.00	\$ 13,950.00
3	1118000-0	EDGE Dosimetry Detector (BNC) Fully guarded therapy beam scanning diode for precision IMRT and SRS commissioning and modeling. Active area of 0.8 x 0.8mm with 0.5mm effective buildup. Waterproof, cable length 1.8m, connecting system triax-BNC. Includes one holder (p/n 1118320 for PTW, p/n 1118325 for Wellhofer or p/n 1118375 for Scanditronix) Specify Sun Nuclear, PTW, Wellhofer or Scanditronix tank when ordering.	2	\$ 2,495.00	\$ 4,990.00
4	1230370	EDGE Detector Holder Kit for 3D SCANNER Includes EDGE Detector holder and EDGE Detector setup cap; p Edge Detector kit, includes horizontal and setup cap. Holder kit included with purchase of Edge Detector	1	\$ 0.00	\$ 0.00
5	711003	0.125cm ³ Scanning Ion Chamber Fully guarded therapy chamber with acrylic wall and aluminum electrode. Waterproof, open chamber volume. Cable length 1.3m, connecting system BNC. Includes acrylic buildup cap and 31mm rigid stem for mounting.	2	\$ 1,725.00	\$ 3,450.00
6	1230485	7mm Detector Holder Kit for 3D SCANNER Includes horizontal detector holder and radial offset detector holder; part numbers: 1230340 and 1230490 Holder kit included with purchase of 3D Scanner	1	\$ 0.00	\$ 0.00

Questions? Contact: Stacey Geier x316 StaceyGeier@sunnuclear.com

7	1041304	0.125 SemiFlex Chamber Setup Cap 0.125 SemiFlex Chamber Setup Cap Used for setup and setup verification with a PTW 31010 detector Included with 7mm holder kit and scanning ion chamber	1	\$ 0.00	\$ 0.00
8	TRNG-T1	Customer Training One day on site product training. Includes one full day of in depth product training by a qualified Sun Nuclear representative. Additional consecutive days can be purchased at a discounted price. Refer to attached training datasheet for number of training units (days) required per product. Allow 4 weeks minimum for scheduling. Limited to North America. Day of training for 3D Scanner	1	\$ 3,000.00	\$ 3,000.00
9	1220000-P	ArcCHECK Standard Package (US Only) Complete package for VMAT, Helical and IMRT delivery QA, including ArcCHECK (1220000-0), ArcCHECK Cavity Plug (1220000-1), 3DVH Software (1212000-0), and one day of on site training (TRNG-T1). 3DVH license is valid for one ArcCHECK system. ArcCHECK Package pricing includes SNC Patient analysis software (Machine QA features are included), 25 meter power-data cable, USB cable, power supply (110/220 V), case, 1 year of hardware and software maintenance. See product datasheet for minimum PC requirements.	1	\$ 82,850.00	\$ 82,850.00
10	1093000-1	Daily QA 3 Wireless Real time wireless data transmission from 13 total ion chambers for daily output, flatness and symmetry, electron & photon energy trending (no buildup or additional attenuation required). 12 total diode detectors for Light : Radiation field coincidence. Real-time air density correction with results displayed on PC Windows software in real time. Includes comprehensive database manager for graphical data presentation and daily therapist guide. 25 meter power-data cable, USB power-data interface, USB cable. 1 year warranty included. See product datasheet for minimum PC requirements.	1	\$ 9,250.00	\$ 9,250.00



425-A Pineda Court
Melbourne, FL 32940
Phone: +1 321-259-6862
Fax: +1 321-757-0066

Quotation

Questions? Contact: Stacey Geier x316 StaceyGeier@sunnuclear.com

11	710160	RadCalc Core RadCalc Core Program which includes all features related to the computation of Monitor Units and a manual with installation floppy disks or CD ROM. Includes free upgrades and unlimited technical support for one year.	1	\$ 9,500.00	\$ 9,500.00
12	710161	RadCalc RTP Import Utility Import Utility to import treatment field parameters from a Radiation Therapy Planning System, Verify and Record System, and/or virtual simulation software.	1	\$ 6,500.00	\$ 6,500.00
13	710163	RadCalc IMRT Validation Utility Validation utility to verify MU or point dose calculations for IMRT based treatment plans. Minimum configuration requires: (Base program + RTP Import + IMRT utility).	1	\$ 500.00	\$ 500.00
14	710199	RadCalc Region of Interest (ROI) Module Enables the import of regions of interest from a TPS for the purpose of calculating depths and effective depths so that radiation dose can be accurately calculated for VMAT and other forms of arc therapy. Existing RadCalc customers are required to have current/active maintenance to activate the new module.	1	\$ 4,995.00	\$ 4,995.00
ArcCHECK Package Discount					(\$7,900.00)
Total Investment:					\$ 191,035.00

Questions? Contact: Stacey Geier x316 StaceyGeier@sunnuclear.com

This quotation is a confidential document containing privileged information that is not to be disclosed to parties outside of quotee and Sun Nuclear Corporation. Disclosure of this information to third parties voids terms outlined in the quotation.

**Sun Nuclear Corporation
Terms & Conditions**

1. All purchases approved for Net terms are due 30 days from the shipping date or services.
2. Shipping terms are FOB Shipping Point
3. Payment with credit cards is restricted to SNC products and services of less than \$2,500. A 3% convenience charge will be added to any payment processed for special order products (resale items) and any SNC product of service with a sales price greater than \$2,500
4. Prices do not include applicable taxes. SNC will collect and remit the appropriate taxes for some U.S. states. If applicable taxes are not on Customer Purchase Order, Customer is responsible for remittance of appropriate taxes.
5. Undisputed past due accounts are subject to a late service fee charge of 18% per annum (1.5% per month), or the maximum allowed by law.
6. Any payment made in respect of credit transactions shall first be applied to the accumulated service charge, if any, and thereafter to the principal amount of the outstanding debt.
7. SNC will assess handling charges in the amount of \$100.00 for any dishonoured check received from the Customer.
8. All products shipped are subject to recourse by SNC until paid in full. Upon request from SNC, Customer agrees to immediately relinquish and return all unpaid equipment in its original condition to the SNC, subject to a 20% restock fee or costs required to return equipment to its original condition, whichever is higher.
9. The parties agree that the Customer's sole and exclusive remedy for defective products shall be limited to the stated warranty provided by SNC for its manufactured products, or the warranty assigned by SNC to the extent provided by the manufacturer (resale items) of the particular component or system. The Customer agrees that no other remedy (including, but not limited to, incidental or consequential damages for lost profits, lost sales, injury to person or property, transportation charges or other incidental or consequential loss) shall be available.
10. Customers who cancel or postpone scheduled training/education/installation services are subject to cancellation fees (minimum of \$500 not to exceed \$3,000) for resource allocations and non-recoverable scheduling costs (i.e., hotels, airfare, reservations, etc.).
11. Customer agrees to advise SNC of any defective product(s) and/or any disputed invoice(s) in writing within 10 days of receipt. Failure to properly notify SNC of any dispute and/or defective goods constitutes a waiver of any and all such disputes, provided, however, that this provision shall in no way affect or limit Customer's rights under SNC warranty, or where such is limited by law.
12. Subject to SNC approval, Customer may return unused product within 30 days from the shipping date subject to a 20% restocking fee and Customer must pay for the return shipping charges. Generally, returns after 30 days will not be considered. All approved returns must have an RMA (Return Materials Authorization) number issued by SNC. Special order products (Resale items) cannot be returned without the express written consent of the manufacturer. Customer must pay for the return shipping charges. Unauthorized returns (i.e., those without an RMA # provided) will be rejected and returned at Customer's expense.
13. SNC Support Contracts and Maintenance Agreements are non-refundable or transferable. Multi-year SNC Support Contracts may not be cancelled for current coverage period amounts that have been billed to the customer by SNC. Remaining Multi-year SNC Support Contract coverage periods that have not been billed to the customer by SNC may be cancelled if the customer no longer offers Radiation Oncology Services or should SNC no longer be able to provide services associated with the Agreement. SNC at its discretion may prorate the charges should one of these circumstances arise.
14. Customer hereby agrees to indemnify SNC for all collection fees, legal fees and all other fees and expenses which SNC incurs should Customer's account be in arrears.
15. SNC software is only licensed to the original purchaser and the license is not transferable.
16. SNC requires that when (i) the standard warranty has ended and lapsed by more than 365 days, (ii) a previously purchased contract has expired and lapsed by more than 365 days or (iii) there has been a transfer of product ownership, the equipment must be inspected and a reinstatement fee paid before placing such equipment under a new support services contract. The inspection and reinstatement fee is non-refundable and does not apply to the purchase of the support services contract. Equipment which has had a transfer of ownership and has not been inspected by SNC is eligible for standard repair pricing.
17. SNC reserves the right to modify these terms, require advance payment, and cancel any order.
18. SNC sales representatives do not have the authority to bind SNC or make any representation in respect of credit or any other matter which deviates from standard policy. All special arrangements or requirements must be confirmed in writing with an authorized person from SNC.

Rev. 10/13/2012



425-A Pineda Court
Melbourne, FL 32940
Phone: +1 321-259-6862
Fax: +1 321-757-0066

Quotation

Questions? Contact: Stacey Geier x316 StaceyGeier@sunnuclear.com

Customer's Acceptance (ONLY to be completed in lieu of a hard copy purchase order)
By: _____
Printed Name: _____
Title: _____
Date: _____ PO#: _____
After completion, please scan and email to Orders@sunnuclear.com or fax to +1 321-757-0066.



Quotation

NMK20130913-001A

Page: 1

Quotation For:

Lisa Deardorff
Freeman Hospital West
1102 W. 32nd St.
Joplin, MO 64804
(417) 347-4934

Please address inquiries and replies to:

Nathan Korte
Varian Medical Systems
2250 Newmarket Parkway
Suite 120
Marietta, GA 30067
(618) 407 - 4861 FAX: (678) 255 - 3850
Nathan.Korte@varian.com

Your Reference:	Quotation Firm Until: February 14, 2014
FOB Point: US1 FOB: Origin Inc. Freight & Ins.	Shipping Allocation: 180 DAYS ARO
Payment Terms: 30%/60%/10%	Varian Terms and Conditions of Sale 1652U Attached

***** BUDGETARY QUOTATION*******

TreBeam Package

Lasers

New Eclipse Treatment Planning

Advanced Contouring/Deformable Registration

ARIA Oncology Information System

ARIA Components

ARIA Interfaces to Hospital Information System

Arra Hitech Interfaces

<p>Freeman Hospital West</p> <p>Quotation Total of: USD \$3,752,802 Accepted by:</p> <p>Signature: _____</p> <p>Name: _____</p> <p>Title: _____</p> <p>Date: _____</p> <p>For this purchase, we designate <u> No Affiliation </u> as our Institution's Primary Group Purchasing Organization affiliation. Any change will be Indicated below:</p> <p> <input type="checkbox"/> AmeriNet <input type="checkbox"/> Aptium <input type="checkbox"/> BJC <input type="checkbox"/> Broadlane <input type="checkbox"/> CHW <input type="checkbox"/> Consorta/HPG <input type="checkbox"/> KP Select <input type="checkbox"/> Magnet <input type="checkbox"/> Matrix <input type="checkbox"/> MedAssets <input type="checkbox"/> Novation <input type="checkbox"/> Premier <input type="checkbox"/> ROI <input type="checkbox"/> USO <input type="checkbox"/> VA Gov <input type="checkbox"/> None </p>	<p>Varian Medical Systems</p> <p>Submitted by:</p> <p>_____</p> <p>(Signature)</p> <p>Name: Nathan Korte</p> <p>Title: District Sales Manager</p> <p>Date: September 13, 2013</p>
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This document is confidential and intended solely for the information and benefit of the immediate recipient and Varian

Item	Qty	Product Description	Offer Price
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Section 1 TreBeam Package

1.01 1 TrueBeam Package

1.02 1 TrueBeam System

TrueBeam system

Premium performance image-guided radiotherapy system

FEATURES:

- Performance per RAD 10094
- High speed, real time network control
- Synchronous, high precision motion, imaging, and dose trajectory management
- Patented variable beam energy generation
- Dual independent jaw collimator system, supporting dynamic jaw tracking and dynamic collimator rotation
- Enhanced dynamic wedge
- Electronic Accessory Detection and Verification system
- LaserGuard II system, a laser protection zone-based proximity sensor that is used to alert the user of system proximity to the patient, associated immobilization devices, and to other parts of the system and limit motion if necessary
- Treatment couch base with sub-millimetric positioning accuracy to isocenter
- Full remote motion control with software-selectable motion axis disable
- Autofield sequencing and full treatment delivery automation
- Radiation-hardened digital CCTV camera system for patient and motion monitoring
- Laser backpointer
- 3D system motion monitoring and touch detector systems
- Integrated controls with visual action prompts
- Two 27 inch monitors for treatment room viewing of system and patient information
- Two 21 inch high performance treatment console monitors
- Integrated audio system, including intercom, optional respiration coaching, input for music
- Low profile console packaging with optional stacking
- Software-selectable IEC601 and IEC 1217 scale convention
- Basic quality assurance and performance test kit, including front pointer set and collimator crosshair
- Standard spare parts
- Smart Connect remote access ready
- One (1) full warranty
- Shipping (Shipment is pending regulatory clearance of this product in the ship-to country. Lead times after receipt of order may vary greatly by country.)

NOTE: The TrueBeam only supports IEC 601 or IEC 1217 scales. Conical collimator accessories (sometimes called "cones") must not be used for treating patients on this device without also using the Barcode Conical Collimator Verification (BCCV) product. Failure to use BCCV with conical collimators may result in serious injury or death due to a lack of verification that the correct conical collimator and field size for that collimator are in place for that patient's treatment plan.

Item	Qty	Product Description	Offer Price
		<p>PREREQUISITES:</p> <ul style="list-style-type: none"> - ARIA Practice Management, Version 8.8.15, or compatible third party oncology information system. - ARIA Rad Onc, including Eclipse, Version 8.9.09.1, or compatible third party oncology information / treatment planning system 	
1.03	1	<p>Base System Treatment License</p> <p>Includes static and arc X-ray treatment delivery license, supports maximum dose per field of 2500 MU for static fields and 7200 MU for intensity modulated fields</p>	
1.04	1	<p>TrueBeam Online Marketing Program</p> <p>Access to the TrueBeam™ Online Marketing Program which provides a broad range of advertising, educational, promotional, and public relations materials targeted to referring physicians, patients, and the media.</p>	
1.05	1	<p>New Baseframe</p>	
1.06	1	<p>INCL ED: TB201 TrueBeam for Physicists</p> <p>The following Education Course is included with the purchase of a TrueBeam.</p> <ul style="list-style-type: none"> - Includes Tuition and Materials for ONE person - Customer is responsible for all travel expenses (airfare, hotel, rental car, meals and travel incidentals) - Training is non-refundable and non-transferable - Offer is valid for 18 months after installation of product <p>TrueBeam Physics and Administration</p> <p>TrueBeam Physics and Administration course is designed for those personnel responsible for the acceptance, commissioning and QA program development of the TrueBeam in the clinical environment. It is directed primarily towards Medical Physicists. It is recommended that the student attend the TrueBeam Physics and Administration course shortly before the installation of the TrueBeam.</p> <p>The course provides instruction of the basic delivery components, basic imaging components and a general overview of the motion management system components. Machine commissioning, calibration, QA and the responsibilities of Customer Acceptance Procedure (CAP) of the machine are included. The course subject matter is presented from a clinical use perspective. The primary emphasis is on the overall commissioning, calibration, and QA of the TrueBeam and its components. Extensive hands-on laboratory exercises are included.</p> <p>PREREQUISITES: None</p> <p>Length: 4 days</p>	

Item	Qty	Product Description	Offer Price
1.07	1	<p>STD TRNG: TrueBeam On-Site Support</p> <ul style="list-style-type: none"> - Includes support for TrueBeam - Support is non-refundable and non-transferable - Offer is valid for 18 months after purchase <p>On site follow-up review of the TrueBeam components to include imaging and motion management for support of patient treatment. The emphasis of this support is to ensure that the therapists that attended the TrueBeam Operations (on-site) training are able to operate the TrueBeam in a safe and effective manner in the clinical environment.</p> <p>PREREQUISITES: TrueBeam Operations (on-site) training</p>	
1.08	2	<p>INCL ED: TB101 TrueBeam Operations</p> <p>The following Education Course is included with the purchase of a TrueBeam:</p> <ul style="list-style-type: none"> - Includes Tuition and Materials for ONE person - Customer is responsible for all travel expenses (airfare, hotel, rental car, meals and travel incidentals) - Training is non-refundable and non-transferable - Offer is valid for 18 months after installation of product <p>TrueBeam Operations is a course designed for those personnel responsible for the routine operation and clinical use of the TrueBeam. It is directed primarily towards Radiation Therapists. It is recommended that both students attend the TrueBeam Operations course shortly before clinical use and the commencement of patient treatments.</p> <p>The course provides instruction of the basic delivery components, basic imaging components and a general overview of the motion management system components. The course subject matter is presented from a clinical use perspective. The primary emphasis is on the overall understanding of the TrueBeam function and operation to include imaging and respiratory gating. Extensive hands-on laboratory exercises are included. The attendees of this class will be provided tools to allow them to instruct other clinical staff upon their return.</p> <p>PREREQUISITES: None</p> <p>Length: 4 days</p>	
1.09	1	<p>6/6 MV Energy (per BJR 11/17)</p> <p>40 cm x 40 cm maximum field size, dose rate range 0-600 MU/Min</p>	
1.10	1	<p>15/16 MV Energy (per BJR 11/17)</p> <p>40 cm x 40 cm maximum field size, dose rate range 0-600 MU/Min</p>	

Item	Qty	Product Description	Offer Price
1.11	1	Electron Applicator Set 6cm x6cm, 6cmx10cm, 10cmx10cm, 15cmx15cm, 20cmx20cm, 25cmx25cm Includes electron arc applicator and final defining aperture mold frame set	
1.12	1	6 MeV 25 cm x 25 cm maximum field size, dose range range 0-1000 MU/Min	
1.13	1	9 MeV 25cm x 25 cm maximum field size, dose rate range 0-1000 MU/Min	
1.14	1	12 MeV 25cm x 25cm maximum field size, dose rate range 0-1000 MU/Min	
1.15	1	15 MeV 25cm x 25cm maximum field size, dose rate range 0-1000 MU/Min	
1.16	1	18 MeV 25cm x 25cm maximum field size, dose rate range 0-1000 MU/Min	
1.17	1	120 Multileaf Collimator - Performance per RAD 10094 - High resolution leaf width of 5 mm (projected at isocenter) for central 20 cm - Leaf width of 10 mm (projected at isocenter) for outer 20 cm	
1.18	1	IMRT Treatment Delivery License Capability to simultaneously modulate aperture shape with dose delivery for a static gantry beam FEATURES: - Simultaneous modulation of MLC aperture shape and dose delivery for a static gantry beam - Supports dynamic jaw tracking and collimator rotation with supporting treatment planning system - Includes large field IMRT	
1.19	1	SRS/SBRT High Total Dose License Required for delivery of hypofractionated or radiosurgical X-ray treatments FEATURES: - Provides the capability to deliver high dose fields for any X-ray treatment - Supports delivery of up to 6000 MU for a static aperture beam - Supports delivery of up to 10800 MU for an intensity or volumetric modulated beam NOTE: For total body irradiation treatments, the Total Body Treatment Delivery License is required	

Item	Qty	Product Description	Offer Price
1.20	1	<p>RapidArc Treatment Delivery License</p> <p>Capability to simultaneously modulate aperture shape, dose rate, and gantry angle and speed continuously for up to 360 degrees of gantry rotation, with delivery as an arc beam.</p> <p>When coupled with RapidArc Planning and a RapidArc-compatible information system, provides the capability to generate IMRT-quality dose distributions in a single, optimized arc around the patient. When coupled with the Optical Imager, provides the capability for Gated RapidArc.</p> <p>FEATURES:</p> <ul style="list-style-type: none"> - Simultaneous modulation of MLC aperture shape, beam dose rate, and gantry angle and rotation speed during beam delivery - Supports dynamic jaw tracking and collimator rotation with supporting treatment planning system - Provides IMRT-quality dose distributions in a single arc delivery in less than 2 minutes 	
1.21	1	<p>MV Imager</p> <p>MV image acquisition and data analysis for target localization, patient positioning and motion management</p> <p>FEATURES:</p> <ul style="list-style-type: none"> - Performance per RAD 10094 - High precision, isocenter-aligned positioning system - aS1000 detector system for low dose, high resolution imaging - 2D image acquisition before, after, and during treatment delivery - Online image review and analysis 	
1.22	1	<p>Basic MV Imaging License</p> <p>Provides capability for radiographic and cine imaging and basic imaging matching for treatment verification</p>	
1.23	1	<p>Advanced MV Radiographic</p> <p>Provides capability for 2D radiographic imaging, image analysis, and marker match</p>	
1.24	1	<p>Portal Dose Image Acquisition License</p> <p>Provides capability for portal dose image acquisition</p>	
1.25	1	<p>kV Imager</p> <p>kV Image acquisition and data analysis, analysis for target localization, patient positioning and motion management.</p> <p>FEATURES:</p> <ul style="list-style-type: none"> - Performance per RAD 10094 - High precision, isocenter-aligned positioning system 	

Item	Qty	Product Description	Offer Price
		<ul style="list-style-type: none"> - X-Ray source and detector - 2D image acquisition before, after, or during treatment delivery - Online image review and analysis 	
1.26	1	Basic 2D kV Imaging License Provides capability for 2D kV radiographic image acquisition and analysis, pretreatment fluoroscopic verification imaging and analysis, 2D marker matching, 2D MV/kV imaging and analysis, fluoroscopic image acquisition during treatment delivery	
1.27	1	kV CBCT Imaging License Provides capability to acquire, process, and analyze in 3D a cone-beam volumetric CT dataset	
1.28	1	Optical Imager Stereoscopic optical imaging system for monitoring patient respiratory motion and 3D patient position Performance per RAD 10094	
1.29	1	Respiratory Gating License Respiratory Gating License FEATURES: <ul style="list-style-type: none"> - Provides the capability to synchronize image acquisition and treatment delivery with respiration - 3D patient position monitoring - Capability for gated arc therapy 	
1.30	1	INCL ED: CL222 Respiratory Gating <ul style="list-style-type: none"> - Includes Tuition and materials for ONE person. - Attendees will be responsible for their own, airfare, hotel, rental car, meals and other travel incidentals. - Training is non-refundable and non-transferable. - Offer is valid for 18 months after installation of product. <p>The RPM course provides training for physicists, or therapists, to obtain knowledge of the principles and practice of respiratory gating in radiation oncology for clinical implementation.</p> <p>Duration: 1 1/2 days</p>	

Item	Qty	Product Description	Offer Price
1.31	1	<p>Dynamic MV Imaging License</p> <p>Provides capability for respiration-synchronized MV radiographic image acquisition</p> <p>.</p> <p>PRE-REQUISITE: Optical Imager and accompanying Respiratory Gating Licence</p>	
1.32	1	<p>Dynamic kV Imaging License</p> <p>Provides capability for respiratory gating-triggered kV radiographic image acquisition, during, after, and before treatment delivery.</p> <p>PRE-REQUISITE: Optical Imager and accompanying Respiratory Gating License</p>	
1.33	1	<p>IGRT Couch Top</p> <p>Carbon fiber treatment couch top, free of metal or other radiation-opaque materials, thereby reducing imaging artifacts</p> <p>FEATURES:</p> <ul style="list-style-type: none"> - Clinically usable section of 120.0 cm - Supports patients up to 500 lbs (227 kg) - Indexed Immobilization® for compatible accessories - Head extension with interface for alternative patient immobilization and positioning device 	
1.34	1	<p>Exact IGRT Bar</p> <p>The Exact IGRT bar is designed specifically to facilitate increased positive attachment of compatible accessories, such as the Patient Fixation vacuum form cushions. The bar is compatible with the Exact Couch Patient Fixation. While compatible with the vacuum form cushions of Patient Fixation with BF14 Baseplate, the lock bars will not secure the BF14 baseplate to the Exact IGRT couch top.</p>	
1.35	1	Standard Stand Configuration	
1.36	1	<p>Motion View</p> <p>CCTV Camera Kit</p> <p>FEATURES:</p> <ul style="list-style-type: none"> - Two pan, tilt, zoom CCTV cameras - Two desktop, 81/4 inch LCD displays with built in camera controls - Adjustable viewing angle for patient privacy - Push button pan, tilt, zoom, and home position control 	
1.37	1	<p>Additional CCTV Camera System</p> <p>Additional CCTV Camera Kit</p> <p>FEATURES:</p> <ul style="list-style-type: none"> - Two pan, tilt, zoom CCTV cameras - Two desktop, 81/4 inch LCD displays with built in camera controls - Adjustable viewing angle for patient privacy - Push button pan, tilt, zoom, and home position control 	

Item	Qty	Product Description	Offer Price
		Prerequisites: Motion View must be selected or installed	
1.38	1	Power Cond., 3phase 50KVA, TrueBeam Transtector 50KVA, 3-phase power conditioning unit, providing transient protection, line power regulation, and Input and Output circuit breakers for over-current protection. UL and IEC/CE certified.	
1.39	1	Main Circuit Breaker Panel General Electric Co. main circuit breaker panel, interfacing to a single power input feed from the facility Mains. Circuit breakers provide independent over-current protection for equipment at the console and in the treatment room. UL and IEC/CE certified.	

Section 2 Lasers

- 2.01 1 **4 LAP Apollo Green Lasers**
LAP Apollo Green Lasers
- Includes:
3 Apollo Green Remote Controlled Crosshair Lasers
1 Apollo Green Remote Controlled Sagittal Line Laser
- Warranty for 1 year from ship date.

Section 3 New Eclipse Treatment Planning

- 3.01 1 **Eclipse Base Integrated with ARIA**
This package includes installation, education courses, on-site application training and licenses listed below:
- LICENSE(S):
1. Varian Database
 2. DICOM 3.0 CT/MR Image Import Server License
 3. DICOM RT Server License
 4. Integrated Health Enterprise Radiation Oncology
 5. RTOG DICOM Export
 6. DICOM Print
 7. Leaf Motion Calculation Licenses
 8. Virtual Simulation Laser Interface

Item	Qty	Product Description	Offer Price
		<p>PRE-REQUISITE(S):</p> <ol style="list-style-type: none"> 1. Server with ARIA. 2. Local Area Network (1 Gb recommended, 100 Mb required) <p>CUSTOMER RESPONSIBILITY:</p> <p>- A properly networked environment (for detailed information on network requirements, refer to the Oncology Systems Network Configuration Guidelines at http://www.varian.com/us/oncology/services_and_support/hardware_specifications/)</p>	
3.02	1	<p>Eclipse Advanced Planner Desktop</p> <p>The Eclipse Advanced Planner Desktop includes software optimized for IMRT, frameless IMRS, 4D, Conformal Arc for DMLC, Electron Monte Carlo and 3D BrachyVision. This desktop package also includes IMRT planning for TrueBeam using the leaf motion calculator.</p> <p>FEATURE(S):</p> <ol style="list-style-type: none"> 1. For base treatment planning software which includes multi-modality image support including PET contouring, image registration and blending, clinical protocols, advanced segmentation, virtual simulation (Includes support of interfaces to all approved VSim systems), beam placement, plan evaluation, electronic plan approval, electronic chart and configurable printing of plan documentation; 2. 2D and 3D dose calculation on a distributed calculation framework including beam configuration, IRREG, 3D conformal and field in field planning using Anisotropic Analytical Algorithm (AAA) or pencil beam convolution, and electron calculation using Generalized Gaussian Pencil Beam; 3. 2D BrachyVision for film based brachytherapy planning; 4. IMRT Planning package including beam angle optimization, Interactive IMRT optimization, electronic surface compensation and planar compensation. Support either split carriages or large-field IMRT. Planning for frameless IMRS; 5. 4D Planning; 6. Electron Monte Carlo; 7. Conformal Arc Planning for DMLC; 8. 3D BrachyVision; 9. IMRT Planning support available with the Varian TrueBeam, includes leaf motion calculation algorithm integrated to the Eclipse Distributed Calculation Framework (DCF) to support both the sliding window (leaves move while radiation is ON) and multiple static segments (leaves move while radiation is paused and are static while radiation is ON). (This is available with a Varian TrueBeam). <p>LICENSE(S): One (1) set of license of the above features</p> <p>PRE-REQUISITES:</p> <ol style="list-style-type: none"> 1. An Eclipse Calculation Workstation must be on order with this desktop package (this workstation must be purchased from Varian Medical Systems). 2. In a Citrix environment, an Eclipse Calculation Workstation or a Framework Agent Server must be on order with this desktop package (and must be purchased from Varian Medical Systems). 	

Item	Qty	Product Description	Offer Price
3.03	1	<p>Eclipse Planner Desktop</p> <p>The Eclipse Planner Desktop includes software optimized for 2D and 3D planning. 2D and 3D dose calculation on a distributed calculation framework and 2D BrachyVision for film-based brachytherapy planning.</p> <p>FEATURE(S):</p> <ol style="list-style-type: none"> 1. Planner Desktop Package for ONE (1) base treatment planning software which includes multi-modality image support including PET contouring, image registration and blending, clinical protocols, advanced segmentation, virtual simulation (Includes support of interfaces to all approved VSim Systems), beam placement, plan evaluation, electronic plan approval, electronic chart and configurable printing of plan documentation; 2. 2D and 3D dose calculation on a distributed calculation framework including beam configuration, IRREG, 3D conformal and field in field planning using Anisotropic Analytical Algorithm (AAA) or pencil beam convolution, and electron calculation using Generalized Gaussian Pencil Beam and 3. 2D BrachyVision for film based brachytherapy planning. <p>LICENSE(S): One (1) set of license of the above features</p> <p>PRE-REQUISITES:</p> <ol style="list-style-type: none"> 1. An Eclipse Calculation Workstation must be on order with this desktop package (this workstation must be purchased from Varian Medical Systems). 2. In a Citrix environment, an Eclipse Calculation Workstation or a Framework Agent Server must be on order with this desktop package (and must be purchased from Varian Medical Systems). 	
3.04	1	<p>Interactive IMRT Planning</p> <p>Intractive IMRT planning generates beam intensity profiles that optimize the dose distribution based on user-defined dose constraints. A new leaf motion calculation algorithm is integrated to the Eclipse Distributed Calculation Framework (DCF) to support both the sliding window and multiple static segments.</p> <p>LICENSE(S):</p> <ol style="list-style-type: none"> 1. ONE (1) Interactive IMRT Planning with beam angle optimization <p>PRE-REQUISITE(S):</p> <ol style="list-style-type: none"> 1. Latest software version must be installed on all Eclipse in the network. 2. Features available for IMRT planning on a Varian TrueBeam. 	
3.05	1	<p>Eclipse Physicians' Desktop</p> <p>The Eclipse Physician's Desktop is optimized for the physician and includes tools for registration, contouring, 4D, beam placement and plan approvals.</p> <p>FEATURE(S):</p> <ol style="list-style-type: none"> 1. Desktop package for ONE (1) base treatment planning software which includes multi-modality image support including PET contouring, image registration and blending, clinical protocols, advanced segmentation, virtual simulation (Includes support of interfaces to all approved VSim Systems), 4D Planning, beam placement, plan evaluation, electronic plan approval, electronic chart and configurable printing of plan documentation. 	

Item	Qty	Product Description	Offer Price
		LICENSE(S): One (1) set of license of the above features	
		PRE-REQUISITES:	
		1. An Eclipse Non-Calculation Workstation must be on order along with this package (this workstation must be purchased from Varian Medical Systems).	
		2. In a Citrix environment, an Eclipse Calculation Workstation or a Framework Agent Server must be on order with this desktop package (and must be purchased from Varian Medical Systems).	
3.06	1	Eclipse RapidArc Planning License-Primary Eclipse RapidArc Planning supports dynamic arc treatments produced through volumetric dose optimization using Dynamic MLC, variable dose rate and variable gantry speed to generate intensity modulated dose distributions in optimized arcs. Supports both coplanar and non-coplanar arcs.	
		LICENSE(S):	
		1. ONE (1) Eclipse Dose Dynamic Arc software option and license	
		2. ONE (1) Conformal Arc for dMLC	
		PRE-REQUISITE(S):	
		1. Eclipse version 10.0 or higher must be installed on all Eclipse workstations in the network	
		2. Interactive IMRT Planning on Eclipse workstations	
		3. Varian Linear Accelerator with RapidArc Delivery	
		4. Minimum hardware requirements as per http://www.varian.com/us/oncology/services_and_support/hardware_specifications/	
3.07	1	INCL ED: EC201 Eclipse Comm I Admin - Includes Tuition and Materials for ONE person. - Customer is responsible for all travel expenses: airfare, hotel, rental car, meals and travel incidentals. - Training is non-refundable and non-transferable. - Offer is valid for 18 months after installation of product. The Eclipse Administration and Physics course provides training for primarily Physicists. Depending on the facility course may be applicable to Dosimetrists and others responsible for initial system configuration and routine administration of Eclipse. The administration component of the course will focus on networking, system structure, management of user accounts and routine data backup. Physics part of the course will cover beam data requirements for the Eclipse treatment planning system. It will also include sections on photon and electron beam algorithms. A portion of the instruction time will be devoted to an overview of basic operation of Eclipse external beam planning workspace. Prerequisites: - New user, Medical Physicist Education Length:	

Item	Qty	Product Description	Offer Price
		5 days	
		For detailed course information and on-line registration, visit the Varian website at http://www.varian.com/index.html .	
3.08	1	INCL ED: EC101 Eclipse Basic Operations	
		<ul style="list-style-type: none"> - Includes Tuition and Materials for ONE person. - Customer is responsible for all travel expenses: airfare, hotel, rental car, meals and travel incidentals. - Training is non-refundable and non-transferable. - Offer is valid for 18 months after installation of product. <p>The Eclipse Operations course provides an initial training for Dosimetrist, Physicists and others responsible for daily use of the treatment planning system in the clinical environment. The course will provide an overview of Eclipse structure, graphical user interface, different workspaces and tasks.</p> <p>The focus will be on the import of CT data, image registration, structure segmentation, creation and edits of plans, fields and beam modifiers and evaluation of plans. Other topics include 2D planning using the digitizer and irregular field planning, simply brachytherapy and export to the record and verify system. 3rd party software is also covered.</p> <p>Prerequisites:</p> <ul style="list-style-type: none"> - Experience with and knowledge of treatment planning - Basic knowledge of computers and the Windows Operating system <p>Length & Location:</p> <p>5 days</p> <p>Varian Education Center, Las Vegas, NV</p> <p>For detailed course information and on-line registration, visit the Varian website at http://www.varian.com/index.html.</p>	
3.09	1	INCL ED: EC202 Eclipse Comm II IMRT	
		<p>INCLUDED EDUCATION: Eclipse IMRT Administration & Physics</p> <ul style="list-style-type: none"> - Includes Tuition and Materials for ONE person. - Customer is responsible for all travel expenses: airfare, hotel, rental car, meals and travel incidentals. - Course is non-refundable and non-transferable. - Offer is valid for 18 months after installation. <p>The course will cover IMRT planning with the Eclipse System and the delivery of IMRT using Varian dMLC. The Varian IMRT solution will be presented during the course, including the integration into the ARIA System. Course designed for the Physicist.</p> <p>Part ONE will cover the use of the Eclipse IMRT software encompassing the full treatment planning process with typical clinical case demonstration. Topics include IMRT planning algorithms, interfacing with other devices, definition of optimization</p>	

Item	Qty	Product Description	Offer Price
		<p>parameters, QA parameters, and system commissioning. Part of the training course is reserved for hands-on training to covers typical clinical cases. A guest speaker will present on the use of IMRT planning in the clinical environment, clinical outcomes of IMRT, and radiobiological considerations (DVH, partial DVH, dose volume constraints).</p> <p>Part TWO covers delivery methods. Topics covered include a detailed description of the MLC hardware, the MLC and Clinac control systems for dynamic dose delivery, dMLC QA issues, and patient related QA procedures.</p> <p>Prerequisites:</p> <ul style="list-style-type: none"> - Attendance of Eclipse Administration and Physics Course and/or Eclipse Operations Course; - 2-3 month routine clinical use of Eclipse recommended <p>Length:</p> <p>5 days</p> <p>For detailed course information and on-line registration, visit the Varian website at http://www.varian.com/index.html. . Course is approved for Category "A" ASRT and MDCB continuing education credits.</p>	
3.10	1	<p>INCL ED: EC102 Eclipse Inv Plng IMRT RA INCLUDED EDUCATION: Eclipse IMRT Operations</p> <ul style="list-style-type: none"> - Includes Tuition and Materials for ONE person. - Customer is responsible for all travel expenses: airfare, hotel, rental car, meals and travel incidentals. - Course is non-refundable and non-transferable. - Offer is valid for 18 months after installation. <p>The Eclipse IMRT Operations course provides instruction on inverse treatment planning with the Eclipse System. Course is designed for the Physicist and Dosimetrist.</p> <p>Course will cover the entire IMRT treatment planning process demonstrated on clinical cases such as prostate, breast and head and neck. Other topics covered are theory behind IMRT, contouring for IMRT, objectives and constraints, verification plan, data export and image registration. Majority of the course is reserved for hands-on application.</p> <p>Prerequisites:</p> <ul style="list-style-type: none"> - Attendance in the Eclipse Operations course - Recommend 2-3 month routine clinical use of Eclipse prior to course attendance. <p>Length & Location:</p> <p>4 days Varian Education Center, Las Vegas, NV</p> <p>For detailed course information and on-line registration, visit the Varian website at http://www.varian.com/index.html. . Course is approved for Category "A" ASRT and MDCB continuing education credits.</p>	

Item	Qty	Product Description	Offer Price
3.11	1	<p>STD TRNG: Eclipse</p> <p>Training is included with the purchase of Eclipse. Training plan details will be provided by the training management team as part of your product implementation process.</p> <p>-Offer is valid for 18 months after installation of product.</p> <p>Training is not transferable with other products and services</p>	
3.12	1	<p>INCL ED: 3D BrachyVision on Eclipse</p> <ul style="list-style-type: none"> - Includes Tuition and Materials for ONE person. - Airfare, hotel (room and tax) included for ONE person. Does not include meals or other travel incidentals. - Course is non-refundable and non-transferable. - Offer is valid for 18 months after installation. <p>The 3D BrachyVision on Eclipse course is a 3-day classroom session covering module functionality. User has the option to upgrade to a 3-day on-site applications training session for up to (3) students in lieu of the included classroom education. See "training options" in BrachyTherapy pricelist for more details.</p> <p>Prerequisites: none</p> <p>Length: 3 days</p>	
3.13	1	<p>INCL ED: EC112 Eclipse Inv Plng RA</p> <ul style="list-style-type: none"> - Includes Tuition and materials for ONE person. - Attendees will be responsible for their own, airfare, hotel, rental car, meals and other travel incidentals. - Training is non-refundable and non-transferable. - Offer is valid for 18 months after installation of product. <p>The Rapid Arc course provides instruction on Rapid Arc planning.</p> <p>The target audience for the class is anyone involved with treatment planning, specifically Dosimetrists.</p> <p>The course will provide instruction in the treatment planning principles and knowledge to support planning in Rapid Arc. The lab portion will provide hands-on Rapid Arc planning experience under the guidance of a Varian instructor.</p> <p>Prerequisites:</p> <ul style="list-style-type: none"> - Must observe prerecorded Rapid Arc Operations Live Meeting prior to class attendance - Experience with and knowledge of Eclipse IMRT treatment planning - Basic knowledge of computers and the Windows Operating system <p>Length & Location: 1 1/2 days Varian Education Center, Las Vegas, NV</p>	

Item	Qty	Product Description	Offer Price
3.14	1	INCL: Color Printer	
3.15	2	Eclipse Calculation Workstation Dell Precision Workstation with dual quad core processors, and flat panel monitor NOTE: Varian reserves the right to upgrade the hardware to the current model available at time of shipment.	
3.16	1	Eclipse Non-Calculation Workstation Dell OptiPlex Workstation with single processor, and flat panel monitor NOTE: Varian reserves the right to upgrade the hardware to the current model available at time of shipment.	
3.17	1	Eclipse Conversion/Promotion Credit for the trade-in of a third party treatment planning system for an Eclipse Treatment Planning System.	

Section 4 Advanced Contouring/Deformable Registration

- 4.01 1 SmartSeg Knowledge Based Contouring Pkg**
Smart Segmentation Knowledge Based Contouring provides a combined atlas and model based approach to automated segmentation of structures together with tools for manual contouring or editing of structures. A library of already contoured expert cases is provided which is searchable by anatomy, staging, or free text. Users also have the ability to add or modify expert cases to suit their clinical needs.
- Licenses:
1. ONE(1) SmartSegmentation Knowledge Based Contouring site license
- Pre-requisites:
1. Eclipse version 11.0 or higher must be installed on all Eclipse workstations in the network
- 4.02 1 Smart Adapt**
Description: A license for multi-modality rigid image registration, deformable image registration, contour editing and PET contouring.
- FEATURES:
Multi-modality image review
Correlated window leveling
Deformable image registration, CT, CBCT and MR
Manual deformable registration editing
Automatic Rigid multi-modality image registration (CT, MR, PET, CBCT), including

Item	Qty	Product Description	Offer Price
		<p>registration chaining</p> <p>Manual rigid registration</p> <p>Point based rigid Registration</p> <p>Choice between several registration settings and constraints</p> <p>Registration review , inclusive difference renderer</p> <p>Automatic structure propagation between registered images</p> <p>Sophisticated structure editing tools , 2D and 3D</p> <p>Display statistic information of Volume and Center Mass Changes for co-registered data</p> <p>Review and approval of structures</p> <p>Registration approval</p> <p>Iso-contouring for PET and PET/CT images</p> <p>LICENSES:</p> <p>Multimodality Image Registration</p> <p>PRE-REQUISITE(S):</p> <p>Eclipse Treatment Planning System or ARIA version 10.0 or higher</p> <p>OTHER:</p> <p>Installation</p>	
4.03	1	<p>STD TRNG: SmartAdapt</p> <p>Training is included with the purchase of SmartAdapt. Training plan details will be provided by the training management team as part of your product implementation process.</p> <p>- Offer is valid for 18 months after installation.</p> <p>Training is not transferable with other products and services</p>	

Section 5 ARIA Oncology Information System

5.01	1	<p>ARIA Clinical Assessment</p> <p>DESCRIPTION:</p> <p>Clinical Assessment is a comprehensive component of the electronic medical record (EMR) that enables clinical staff members to evaluate, monitor, record and document patient health information throughout the entire treatment process. Clinical Assessment facilitates the implementation of paperless charting in the department.</p> <p>FEATURES:</p> <ol style="list-style-type: none"> Enhanced Diagnosis tools including smart staging based on AJCC; Tabbed interface for easy viewing, editing and navigation; Management of Medical, Family and Social Histories, Education and Counseling, Medication, Prescription and Allergies with favorites lists; Entry of Review of Systems and Physical Exam assessments; Assessments of toxicities based on standard tables such as NCI and RTOG; 	
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Item	Qty	Product Description	Offer Price
		<p>6. Documentation of Vital Signs and Lab Results;</p> <p>7. Dynamic creation of grammatically correct text during assessment selections;</p> <p>8. Assessment of performance status based on standard tables (Karnofsky, Lansky, ECOG);</p> <p>9. Summaries of all physiological systems, vitals, lab results;</p> <p>10. Management of medical prescription;</p> <p>11. Audit tracking by operator, date and signature;</p> <p>12. Ability to graph vital signs, labs and toxicities; and</p> <p>13. Management of nursing, progress and assessment notes and graphical displays.</p> <p>14. Note tab for patient encounters.</p> <p>15. Documentation of Chief Complaint (CC), History of Present Illness (HPI, Plan and Impression (version 10.0 and higher).</p> <p>16. Lab Order Support (version 10.0 and higher).</p> <p>LICENSE: Clinical Assessment License for ONE (1) Varian System database</p> <p>PREREQUISITES:</p> <ol style="list-style-type: none"> 1. Varian System Database; 2. Patient Manager; and 3. ARIA compatible workstation in a networked environment. <p>CUSTOMER RESPONSIBILITY:</p> <ol style="list-style-type: none"> 1. A properly networked environment (for detailed information on network requirements, refer to the ARIA Network Configuration Guidelines at http://www.varian.com/ARIA); and 2. ARIA-compatible hardware, if purchased by customer (for detailed information on hardware requirements, refer to http://www.varian.com/ARIA). <p>NOTE (S):</p> <ol style="list-style-type: none"> 1. Clinical assessment is a site license which means only ONE (1) license is required per Varian System database. Patient Manager is a prerequisite in order to access Clinical Assessment. Depending on how many concurrent licenses of Patient Manager the site has will determine how many instances of Clinical Assessment can be used simultaneously. 2. Lab Order Interface is available as a separate purchasable option (v.10.0 and higher). 	
5.02	15	<p>ARIA Patient Manager</p> <p>DESCRIPTION:</p> <p>Patient Manager is a comprehensive electronic medical record (EMR) providing core clinical management for ARIA. Primary functionality includes patient charting, diagnosis, staging, treatment plan management, machine scheduling and reporting capabilities.</p> <p>FEATURES:</p> <ol style="list-style-type: none"> 1. Patient treatment summary page provides a fast at-a-glance patient chart view for both the Radiation Therapy and Medical Oncology charts; 2. Tabbed interface for easy viewing, editing and navigation; 3. Setup/Field photos saved to provide a complete patient record; 4. Wizard driven diagnosis and staging, Smart Staging; 5. Note tab for documenting (free text) patient encounters; 	

Item	Qty	Product Description	Offer Price
		<p>6. Patient Care Path for tracking all appointments, activities and status over the course of treatment;</p> <p>7. Pre-scheduling of EPID images to be acquired at treatment time;</p> <p>8. Treatment plan and image management from one screen;</p> <p>9. Prescription and treatment plan approval drive the patient managerial process;</p> <p>10. Session scheduling based on approved prescription;</p> <p>11. Integrated with Multi-leaf Collimator (MLC) field shaping software;</p> <p>12. Graphical display of treatment setup;</p> <p>13. History tracking for treatments (manual and verified), overrides, portal imaging, dose corrections and custom coding;</p> <p>14. Accelerator and simulator scheduling;</p> <p>15. Collection of reports used to analyze patient managerial data and processes; and</p> <p>16. Database Access license included for client access to server.</p> <p>17. Enhanced Diagnosis tools including smart staging based on AJCC.</p> <p>18. The Image Browser is a multi-modality image viewer which supports CT, MRI, PET. (This is only available in v.8.6 or higher).</p> <p>LICENSE: Patient Manager license for ONE (1) concurrent user.</p> <p>PREREQUISITES:</p> <p>1. Varian System Database;</p> <p>2. ARIA-compatible workstation in a networked environment; and</p> <p>a) Visit our Website at http://www.varian.com/ARIA for updated information regarding workstation hardware</p> <p>3. Microsoft® Windows XP Professional or Microsoft® Vista operating system installed on workstation(s)</p> <p>a) Windows Vista is only available for ARIA v.8.6 or later</p> <p>NOTES:</p> <p>1. The use of ICD-10 in this Product does not imply any endorsement by WHO of any specific product.</p> <p>2. The ICD-10 codes shall not be amended, abridged, translated, deleted or in any other way changed without the consent of WHO.</p> <p>3. The ICD-10 codes are for the internal use of the end user. They are not to be reproduced, transmitted or distributed outside of the user's organization in any form or by any means.</p> <p>4. ICD-10 is distributed without warranty of any kind, either express or implied. In no event shall the World Health Organization be liable for damages, including any general, special, incidental, or consequential damages, arising out of the use of ICD-10.</p> <p>CUSTOMER RESPONSIBILITY:</p> <p>1. A properly networked environment (for detailed information on network requirements, refer to the Network Configuration Guidelines at http://www.varian.com/ARIA); and</p> <p>2. ARIA compatible hardware, if purchased by customer (for up-to-date and detailed information on hardware requirements, refer to http://www.varian.com/ARIA).</p> <p>3. Microsoft® Office 2000 and 2003 are compatible with ARIA v.8.6. (Microsoft Office 2007 is not yet qualified).</p>	

Item	Qty	Product Description	Offer Price
5.03	15	<p>ARIA Time Planner</p> <p>DESCRIPTION:</p> <p>Time Planner is a component of the Oncology Information System. This software provides comprehensive resource and activity management for all resources configured within ARIA. It is used to manage appointments for resources (physicians, staff, equipment, rooms, etc.) within a department or across multiple departments and hospitals.</p> <p>FEATURES:</p> <ol style="list-style-type: none"> 1. Activity management for resources across multiple departments and hospitals; 2. Customizable independent workspace view settings per user; 3. Customizable display time granularity; 4. Repeating appointment scheduling for complete scheduling of treatment courses; 5. "Suggest next available time" feature suggesting open times for individual or multiple resources; 6. Real-time conflict resolution; 7. Task management designed to assist in streamlining workflow; 8. Care path management tracking all patient activity throughout hospitals/departments; 9. Waitlist management simplifies the scheduling of new patients within hospitals/departments; 10. Bar-coding capability for patient check-in and tracking; 11. Auto-capture of manually completed activities (requires Activity Capture application); 12. Customizable associated tasks per appointment type; 13. Message ticker display for departmental updates; and 14. Direct access to reports specific to activity and resource management. <p>LICENSE: Time Planner License for ONE (1) concurrent user.</p> <p>PREREQUISITES:</p> <ol style="list-style-type: none"> 1. Varian System Database; 2. Patient Manager; and 3. ARIA-compatible workstation in a networked environment. <p>CUSTOMER RESPONSIBILITY:</p> <ol style="list-style-type: none"> 1. A properly networked environment (for detailed information on network requirements, ARIA-compatible hardware, if purchased by customer (for detailed information on hardware requirements, refer to http://www.varian.com/ARIA). 	
5.04	10	<p>ARIA Dynamic Documents</p> <p>DESCRIPTION</p> <p>Dynamic Documents is a component of the Oncology Information System, ARIA, which allows clinical staff to create and store patient related documents within the electronic medical record (EMR). Dynamic Documents provides features to manage all documents by patient and includes a Documents Approval area to display all documents on a per user basis.</p> <p>FEATURES:</p> <ol style="list-style-type: none"> 1. Powered by Microsoft® Word™ (sold separately) to create, import, scan, fax, 	

Item	Qty	Product Description	Offer Price
		<p>email, or print information from the patient's EMR;</p> <p>2. Review and approve all pending patients' documents. Approval process locks the documents to any edits to preserve EMR integrity (user rights controlled);</p> <p>3. Complete search and sort capabilities (filters by status, users, patients);</p> <p>4. Create customized templates and documents to auto-populate selected fields with information from the information system database or enter free text;</p> <p>5. Hyperlinks (Navigation tags) auto-populate documentation using selected functional areas from within the database;</p> <p>6. Browse, view and print all or filtered documents;</p> <p>7. Uses a file system to access all documentation for each patient; and</p> <p>8. Uses Microsoft compatible systems (sold separately) to perform voice recognition to create patient documentation.</p> <p>LICENSE(S): Dynamic Documents License for ONE (1) concurrent user.</p> <p>PREREQUISITES:</p> <p>1. Varian System Database License;</p> <p>2. Patient Manager;</p> <p>3. ARIA compatible workstation in a networked environment;</p> <p>4. Microsoft Word 2000 or higher; and</p> <p>5. Windows XP or Windows 2000 operating system installed on workstations.</p> <p>CUSTOMER RESPONSIBILITY:</p> <p>1. User proficiency with Microsoft Word 2000 or 2003; only</p> <p>2. Microsoft Word installed on workstations where Dynamic Documents is installed; and</p> <p>3. ARIA compatible hardware. For detailed information on hardware requirements, refer to http://www.varian.com/aria.</p> <p>NOTES:</p> <p>1. Auto-population of information into the Documents is limited to patient demographics and basic RT summary information if Clinical Assessment is NOT installed;</p> <p>2. With Clinical Assessment, the navigation tags defined in the document templates will auto-populate documents using the information from the appropriate functional areas of Clinical Assessment; and</p> <p>3. Dynamic Documents and Document Manager CAN NOT co-exist within the same system. The user must choose to have one or the other.</p>	
5.05	6	<p>ARIA Activity Capture</p> <p>DESCRIPTION:</p> <p>Activity Capture is a component of the oncology information system, ARIA. Activity Capture allows the user to capture comprehensive data for services rendered and activities executed within the department. The application captures and exports completed procedure codes along with associated costs, charges or other user-defined attributes.</p> <p>FEATURES:</p> <p>1. Supports relative value units, workload, and custom activity or billing codes in order to capture associated activity costs and productivity information;</p> <p>2. Captures cost/charge information for completed services or clinical activities based on tasks and appointments;</p>	

Item	Qty	Product Description	Offer Price
		<p>3. Auto-captures treatment delivery and simulation activities;</p> <p>4. Provides automated audit and review tools allowing the user to determine accuracy of charges/costs captured;</p> <p>5. Supports credits for previously exported activities to aid in keeping a current charge capture record;</p> <p>6. Supports multiple modifiers;</p> <p>7. Exports captured activity information to hospital or private billing systems (requires IEM Billing Out when exporting to HL7 compliant systems);</p> <p>8. Financial reports can be generated from the data captured by Activity Capture; and</p> <p>9. Message ticker for departmental updates.</p> <p>LICENSE: Activity Capture license for ONE (1) concurrent user.</p> <p>PREREQUISITES:</p> <p>1. Varian System Database;</p> <p>2. ARIA-compatible workstation in a networked environment; and</p> <p>3. Time Planner Application (to support auto-prompt feature).</p> <p>CUSTOMER RESPONSIBILITY:</p> <p>1. Define and/or approve the activities/charge master;</p> <p>2. A properly networked environment (for detailed information on network requirements, refer to the Network Configuration Guidelines at http://www.varian.com/aria); and</p> <p>3. ARIA-compatible hardware, if purchased by customer (for detailed information on hardware requirements, refer to http://www.varian.com/aria).</p> <p>NOTE(S):</p> <p>1. Requires IEM Billing Out if charges/costs are to be exported electronically to an HL7-compliant financial system (customer should complete Activity Capture training prior to IEM installation).</p>	
5.06	2	<p>ARIA Chart QA</p> <p>DESCRIPTION</p> <p>Chart QA is a component of the Oncology Information System, ARIA, which allows clinical staff to review patient radiation therapy (RT) charts. Chart QA provides features to manage all patients currently on treatment and to review and approve their continuing course of treatment.</p> <p>FEATURES:</p> <p>1. Separate worklist to display a list of all patients currently undergoing treatment;</p> <p>2. Summary workspace to display RT summary, sign off status, patient notes and alerts and review history;</p> <p>3. Treatment workspace for users to review a patient's weekly course of treatment;</p> <p>4. Review sign-off mechanism will automatically bill for rendered services using Activity Capture;</p> <p>5. Complete search and sort capabilities (filters by status, users, patients or machines); and</p> <p>6. Browse, view and print Chart QA documents, patient documents and reports.</p> <p>7. Support for InVivo measurements</p>	

Item	Qty	Product Description	Offer Price
		<p>LICENSEs: Chart QA License for ONE (1) concurrent user.</p> <p>PREREQUISITES:</p> <ol style="list-style-type: none"> 1. Varian System Database; 2. ARIA compatible workstation in a networked environment; and 3. Windows XP or Windows 2000 operating system installed on workstations. <p>CUSTOMER RESPONSIBILITY:</p> <ol style="list-style-type: none"> 1. A properly networked environment (for detailed information on network requirements, refer to the Network Configuration Guidelines at http://www.varian.com/ARIA); and 2. ARIA compatible hardware. For detailed information on hardware requirements, refer to http://www.varian.com/aria. 3. The in-vivo interface is an additional purchasable option. 	
5.07	3	<p>ARIA Offline Review</p> <p>DESCRIPTION:</p> <p>Off-line Review is a component of the Oncology Information System, ARIA. This image management component of the system provides comprehensive image review of reference and treatment images. Enhancement and analysis tools for both portal images (MV) and kV images acquired with the on-board imager are included.</p> <p>FEATURES:</p> <ol style="list-style-type: none"> 1. Automated image blending with reference and acquired treatment images; 2. Image filters for flexibility in enhancing critical anatomical structures; 3. Image enhancement tools including image contrast/brightness/sharpness adjustments, color maps, zoom/pan/rotate/flip, image annotation, and region of interest; 4. Image analysis tools for more precise patient positioning including measurements, digital graticule, grid, line/area/histogram of pixel values, cine, image split, spyglass, and color blending; 5. Wizard driven manual, automatic and correlated points quantitative comparative matching analysis of acquired or imported reference, portal (MV) 6. Wizard driven manual, automatic and correlated points quantitative comparative matching analysis of coherent kv images acquired using the On Board Imager; 7. Image approval and status changes with messaging back to Treatment; 8. Display and navigation of patient notes and alerts; 9. Statistical trends and analysis graphing tools for tracking patient positioning changes; 10. Worklist for streamlined process of image review with customizable image selection filters; 11. Patient Viewing allows viewing of multi-modality diagnostic images simultaneously (supported up to ARIA for Radiation Oncology v.8.5); and 12. Folder Viewing enables the user to create reference folders for imaging studies. 13. Course and Session timeline navigation 14. Viewing of Cone Beam CT (CBCT) Images via DICOM import. 15. Image review of Simulator images, (match not supported). 16. Concurrent viewing of multiple image sessions. (any 2 days) 	

Item	Qty	Product Description	Offer Price
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17. Delta Couch Support for plan values (starting in version 10).

LICENSE: Off-line Review license for ONE (1) concurrent user.

PREREQUISITES:

1. Varian System Database;
2. Image server hardware (For a detailed description of hardware requirements, please refer to: <http://www.varian.com/aria>);
3. ARIA compatible workstation in a networked environment; and
4. XP operating system installed on workstation.

5.08 1 ARIA Patient Check-In

DESCRIPTION:

Patient Check-in is a component of the Oncology Information System, ARIA, which enables patients to check themselves into the system upon arrival to the department without the need for staff interaction. The application automatically changes the status of the patient in the database to "Checked-in" so it is visible to all staff when viewing the daily schedule in Time Planner or Machine Planner. Patient Check-in is in compliance with the HIPAA privacy requirements.

FEATURES:

1. Automated patient self check-in to the Oncology Information System;
2. Supports two modes of display, Patient Check-in or Patient Privacy;
3. Patient Check-in mode displays all daily appointments scheduled in the department;
4. Patient Privacy mode displays all appointments per patient based on his or her own distinguishable information such as SSN, ID, Last Name;
5. Customizable display of information on appointment screen; and
6. Supports bar code reader (purchased separately).

LICENSE(S): Patient Check-in License for ONE (1) concurrent user.

PREREQUISITES:

1. Varian System Database License;
2. Patient Manager;
3. ARIA compatible workstation in a networked environment; and
4. Windows XP or Windows 2000 operating system installed on workstation.

CUSTOMER RESPONSIBILITY:

1. A properly networked environment (for detailed information on network requirements, refer to the Network Configuration Guidelines at <http://www.varian.com/aria>); and
2. ARIA compatible hardware, if purchased by customer (for detailed information on hardware requirements, refer to <http://www.varian.com/aria>).

Item	Qty	Product Description	Offer Price
5.09	165	<p>CONSULT: Hr Rate RO Consulting Services</p> <p>Consulting Services are used in a variety of instances within Oncology Centers. Advisement can be provided for new or existing process workflow definition, paperless process flow (including the ARRA/HITECH initiative), new product implementation, or to streamline existing workflow with enhanced Varian product utilization.</p> <p>Based on the hours purchased a Statement of Work will be provided.</p> <p>Services must be completed within 6 months of the initial consulting visit. Additional consulting services can be purchased at price of \$427 per hour.</p> <p>A minimum of 24 hours must be purchased.</p> <p>Customer will be deemed to have accepted the Consulting Services after thirty (30) days from the completion date, unless Varian has received written notice of rejection within the thirty (30)-day period. Notwithstanding the foregoing, the Consulting Services will be deemed to be accepted by Customer after 18 months from the quotation signature date.</p>	
5.10	1	<p>STD TRNG: Activity Capture Support</p> <p>Training is included with the purchase of the Activity Capture. Training plan details will be provided by the training management team as part of your project implementation process.</p> <p>-Offer is valid for 18 months after installation of product.</p>	
5.11	1	<p>STD TRNG: Clinical Assessment Supp</p> <p>Training is included with the purchase of the Clinical Assessment. Training plan details will be provided by the training management team as part of your project implementation process.</p> <p>-Offer is valid for 18 months after installation of product.</p> <p>Training is not transferable with other products and services</p>	
5.12	1	<p>STD TRNG: Dynamic Documents Support</p> <p>Training is included with the purchase of the Dynamic Documents. Training plan details will be provided by the training management team as part of your project implementation process.</p> <p>- Offer is valid for 18 months after installation of product.</p> <p>Training is not transferable with other products and services</p>	

Item	Qty	Product Description	Offer Price
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Section 6 ARIA Components

Section 7 ARIA Interfaces to Hospital Information System

7.01 1 ADT into ARIA RO HL7

ARIA for Radiation Oncology- ADT (Admission, Discharge, Transfer) into Radiation Oncology (HL7) Interface Software License

DESCRIPTION:

This interface will process inbound patient demographic data (HL7 ADT) from an HL7-compliant system into ARIA. As new patients are added or existing patient demographic information changes in a 3rd party system, an HL7 ADT message is generated. This message is then sent to the IEM Interface Engine, processed, and the demographic information is updated in the ARIA database.

In addition this interface includes one Provider (MFN) Inbound Interface to process updates and create new entries in the ARIA for Radiation Oncology registry.

LICENSE: One (1) ADT (Patient Demographics) and One (1) MFN (Provider) Inbound to ARIA for Radiation Oncology interface license from any HL7 compliant vendor.

PREREQUISITES:

1. IEM Interface Engine Server License.
2. HL7 compliant 3rd party system.

FEATURES:

1. Can be configured to auto-insert patient records into ARIA with no human interaction required.
2. Can be configured to auto-update patient information already in ARIA. This option allows/requires a human to select patient records for insertion into ARIA. This process may be augmented with the optional Query/Response interface to ask the HIS for the patient record.
3. Can be configured to perform functions based on certain messages received.
4. Can filter and match messages based on a variety of patient keys.
5. Keeps patient status, addresses, next of kin and other demographic information up to date.
6. One MFN inbound interface will process data into the ARIA Database.
7. Populates referring physician tables in ARIA; and
8. Names, addresses and multiple phone numbers are supported.

NOTES:

Item	Qty	Product Description	Offer Price
		<ol style="list-style-type: none"> 1. This includes the creation of detailed specifications, configuration and testing of sample data, and implementation of this interface; and 2. This interface is typically used to populate the provider table in ARIA. It may also be used to update those data on a periodic basis; 3. Data for physicians who will be Oncologists in the ARIA system can not be uploaded using this interface; and 4. Pricing includes creation of detailed specifications, configuration and testing of sample data, and implementation of this interface. <p>CUSTOMER RESPONSIBILITIES:</p> <ol style="list-style-type: none"> 1. In order to initially populate the ARIA database with ADT information, the sending system will need to trigger an HL7 ADT message for all active patients currently in their database. It is the customer's responsibility to coordinate this work with the existing registration system technical staff. 2. Other responsibilities are outlined under the Information Exchange Manager Interface Engine License 	
7.02	1	<p>Billing Out of ARIA RO HL7</p> <p>ARIA for Radiation Oncology Interface - Billing out of Radiation Oncology (HL7)</p> <p>DESCRIPTION:</p> <p>Interface to deliver clinic activity information from ARIA to one external billing system. The Information Exchange Manager can support many billing interfaces concurrently, but one is required for each billing system interfaced. ARIA generates charge-related information in response to daily activities performed by the staff. Once this information is approved in ARIA, the Interface Engine will gather the data and send out HL7 messages to the billing system at predefined scheduled times.</p> <p>LICENSE: One (1) Billing out of ARIA for Radiation Oncology interface license to any HL7 compliant vendor.</p> <p>PREREQUISITES:</p> <ol style="list-style-type: none"> 1. IEM Interface Engine Server License <p>FEATURES:</p> <ol style="list-style-type: none"> 1. Multiple billing interfaces can run concurrently; 2. Billing runs can be scheduled at any time. 3. Billing interfaces can be configured to select professional, technical, and global charge types 4. Billing runs can be setup to select charges for specific hospitals and departments. <p>NOTES:</p> <ol style="list-style-type: none"> 1. Standard billing codes (CPT/HCPCS) will be used. 2. Pricing includes the creation of detailed specifications, mapping of billing codes, configuration and testing of sample data, and implementation of this interface. <p>CUSTOMER RESPONSIBILITIES:</p> <ol style="list-style-type: none"> 1. The responsibilities are outlined under the Information Exchange Manager License. 	

Item	Qty	Product Description	Offer Price
7.03	1	<p>Document into ARIA RO HL7 ARIA for Radiation Oncology Interface - Document into Radiation Oncology (HL7)</p> <p>DESCRIPTION: As dictated Physician progress notes and / or other clinical documentation are transcribed in a 3rd party system, an HL7 MDM formatted message will be triggered and sent through the IEM Interface Engine to update the ARIA for Radiation Oncology database.</p> <p>LICENSE: One (1) Transcription Inbound to ARIA for Radiation Oncology interface license from any HL7 compliant vendor.</p> <p>PREREQUISITES: 1. IEM Interface Engine Server License.</p> <p>FEATURES: 1. Includes configurable options to import documents by document type and status. 2. Document security and electronic signatures, if applicable, are maintained.</p> <p>NOTES: 1. This includes the creation of detailed specifications, configuration and testing of sample data, and implementation of this interface.</p> <p>CUSTOMER RESPONSIBILITIES: 1. The responsibilities are outlined under the IEM Interface Server License.</p>	
7.04	1	<p>Document out of ARIA RO HL7 ARIA for Radiation Oncology Interface - Document out of Radiation Oncology (HL7)</p> <p>DESCRIPTION: As documents are created in ARIA Dynamic Documents, an HL7 MDM formatted message will be triggered and sent to the receiving system. that record a patient's histories, weekly progress, etc. The purpose is to provide detailed information gathered during the course of treatment to the centralized health record for use by referring physicians or other providers.</p> <p>LICENSE: One (1) Transcription Outbound from ARIA for Radiation Oncology interface license to any HL7 compliant vendor.</p> <p>PREREQUISITES: 1. IEM Interface Engine Server License.</p> <p>FEATURES: 1. Documents can be exported (or not) according to their status, approver and type; 2. Document status is maintained after export. For example if a document is locked, it can not be modified in the receiving system; and</p>	

Item	Qty	Product Description	Offer Price
		<p>3. Interface can be configured to either send changes and errored-out entries or replace the document to reflect changes made in ARIA.</p> <p>NOTES:</p> <p>1. This includes the creation of detailed specifications configuration and testing of sample data, and implementation of this interface.</p> <p>CUSTOMER RESPONSIBILITIES:</p> <p>1. Customers must either use ARIA Dynamic Documents or a compatible 3rd party system to create documents or transcriptions in ARIA.</p> <p>2. The responsibilities are outlined under the IEM Interface Server License</p>	
7.05	1	<p>Scheduling out of ARIA RO HL7</p> <p>ARIA for Radiation Oncology Interface - Scheduling out of Radiation Oncology (HL7)</p> <p>DESCRIPTION:</p> <p>As appointments are scheduled in ARIA for Radiation Oncology, an HL7 scheduling message is generated and sent to the scheduling system. This interface is for customers who utilize ARIA as their primary scheduling system and want to push that data out to other systems, or for customers who want to notify an external system of patient appointments in order to prevent double-bookings. Updates and cancellations are also sent out.</p> <p>LICENSE:</p> <p>One (1) Scheduling Outbound from ARIA for Radiation Oncology interface license to any HL7 compliant vendor.</p> <p>PREREQUISITES:</p> <p>1. IEM Interface Engine Server License.</p> <p>FEATURES:</p> <p>1. Includes configurable options to receive notification of new appointments, and modifications, re-scheduling, and deletion of existing appointments;</p> <p>2. Patient no-shows can also be received;</p> <p>3. Appointment notes are included with appointment messages</p> <p>NOTES:</p> <p>1. Purchase includes the creation of detailed specifications, configuration and testing of sample data, and implementation of this interface.</p> <p>2. This interface is unidirectional. Changes made on the receiving end will not be reflected back into ARIA.</p> <p>CUSTOMER RESPONSIBILITIES:</p> <p>1. Other responsibilities are outlined under the IEM Interface Engine License</p>	

Item	Qty	Product Description	Offer Price
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Section 8 Arra Hitech Interfaces

8.01 1 Health Info Exchange out of ARIA RO HL7

ARIA for Radiation Oncology (RO) Interface - Health Information Exchange out of ARIA RO HL7

DESCRIPTION:

This interface will process an outbound Continuity of Care Document (CCD) via a MDM Message type from ARIA. This interface meets the ARRA HITECH requirements for meaningful use. The Continuity of Care Document (CCD) specification is an XML-based markup standard intended to specify the encoding, structure and semantics of a patient summary clinical document for exchange.

LICENSE:

One (1) Health Information Exchange out of ARIA for Radiation Oncology interface license to any HL7 compliant vendor.

PREREQUISITES:

1. ARIA for Radiation Oncology version 11.0 or higher; and
2. ARIA Patient Manager version 11.0; and
3. ARIA Clinical Assessment version 11.0 or higher; and
4. Information Exchange Manager (IEM) Interface Engine Server License version 11.0 or higher; and
5. HL7 compliant 3rd party system for Health Information Exchange; and

NOTES:

1. This includes the creation of detailed specifications, configuration and testing of sample data, and implementation of this interface.

CUSTOMER RESPONSIBILITIES:

1. Other responsibilities are outlined under the Information Exchange Manager Interface Engine License.

8.02 1 Publ Hlth Submission out of ARIA RO HL7

ARIA for Radiation Oncology (RO) Interface - Public Health Submission out of ARIA RO HL7

DESCRIPTION:

This interface will process outbound reportable diagnoses data (HL7) from ARIA to a registered Public Health Agency. This interface meets the ARRA HITECH requirements for meaningful use.

LICENSE:

One (1) Public Health Submission out of ARIA for Radiation Oncology interface license to any HL7 compliant Public Health Agency.

PREREQUISITES:

Item	Qty	Product Description	Offer Price
		<ol style="list-style-type: none"> 1. ARIA for Radiation Oncology version 11.0 or higher; and 2. ARIA Patient Manager version 11.0; and 3. ARIA Clinical Assessment version 11.0 or higher; and 4. Information Exchange Manager (IEM) Interface Engine Server License version 11.0 or higher; and 5. HL7 compliant Public Health Agency <p>NOTES:</p> <ol style="list-style-type: none"> 1. This includes the creation of detailed specifications, configuration and testing of sample data, and implementation of this interface. <p>CUSTOMER RESPONSIBILITIES:</p> <ol style="list-style-type: none"> 1. Other responsibilities are outlined under the Information Exchange Manager Interface Engine License. 	
8.03	1	<p>Immunization Registry out of ARIA RO HL7</p> <p>ARIA for Radiation Oncology (RO) Interface - Immunization Registry out of ARIA RO HL7</p> <p>DESCRIPTION:</p> <p>This interface will process an outbound immunization record (HL7 VXU) from ARIA to an Immunization Registry. This interface meets the ARRA HITECH requirements for meaningful use.</p> <p>LICENSE:</p> <p>One (1) Immunization Registry out of ARIA for Radiation Oncology interface license to any HL7 compliant Immunization Registry.</p> <p>PREREQUISITES:</p> <ol style="list-style-type: none"> 1. ARIA for Radiation Oncology version 11.0 or higher; and 2. ARIA Patient Manager version 11.0; and 3. ARIA Clinical Assessment version 11.0 or higher; and 4. Information Exchange Manager (IEM) Interface Engine Server License version 11.0 or higher; and 5. HL7 compliant Immunization Registry 6. Medi-Span Electronic Drug Screening license on-site and/or on order. <p>NOTES:</p> <ol style="list-style-type: none"> 1. This includes the creation of detailed specifications, configuration and testing of sample data, and implementation of this interface. <p>CUSTOMER RESPONSIBILITIES:</p> <ol style="list-style-type: none"> 1. Other responsibilities are outlined under the Information exchange Manager Interface Engine License. 	

Quotation Total \$

3,752,802.00

Item	Qty	Product Description	Offer Price
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There may be radiological regulatory requirements applicable to possessing and/or operating radiation generating machines. Varian takes no responsibility regarding local radiation safety requirements. These requirements are the customer's responsibility.

End of Support: Varian may terminate the Agreement at the end of support of the Product that is the object of the Support Services by giving **twenty-four (24) months** written notice to the Customer. However, Varian may shorten this notice period in its sole discretion if termination is required due to key component obsolescence issues or material product quality concerns.

Terms & Conditions of Sale

This offer is subject to credit approval and is exclusive of any applicable sales taxes or duties.

If Customer chooses to pay by credit card, a four percent (4%) service fee will be added.

FINANCING AVAILABLE: For lease and finance plans, call Tony Susen, Director - Varian Customer Finance, at (508) 668-4609.

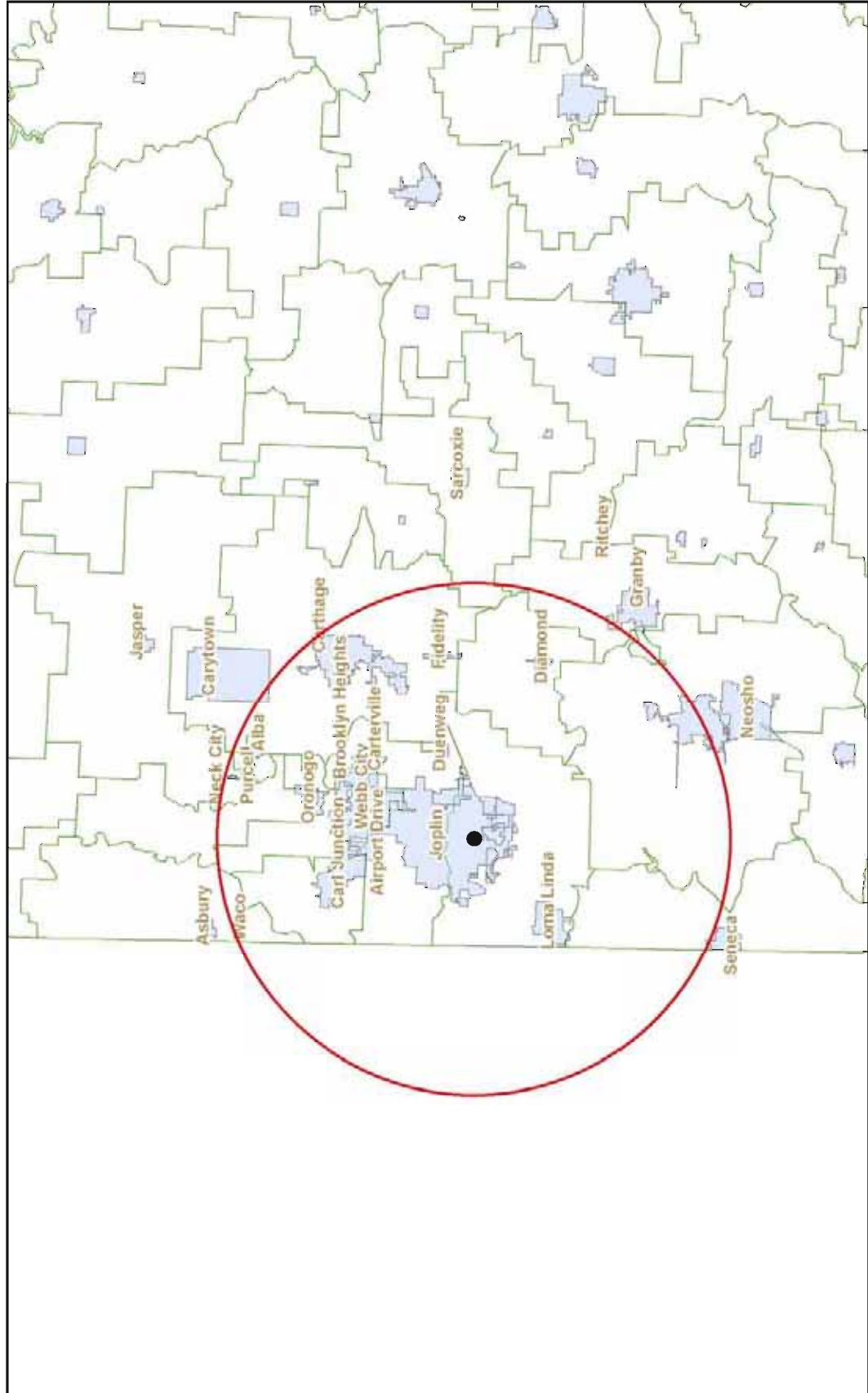
II. Proposal Description

2. Provide a legible city or county map showing the exact location of the project.

The map included in **Exhibit E** identifies the project location and the cities within a fifteen (15) mile radius of the project. The map was provided by the Bureau of Vital Statistics, MCH Analysis and Support Unit.

CON 15 Mile Radius

932 East 34th Street
Joplin, MO 64804



II. Proposal Description

3. Define the community to be served.

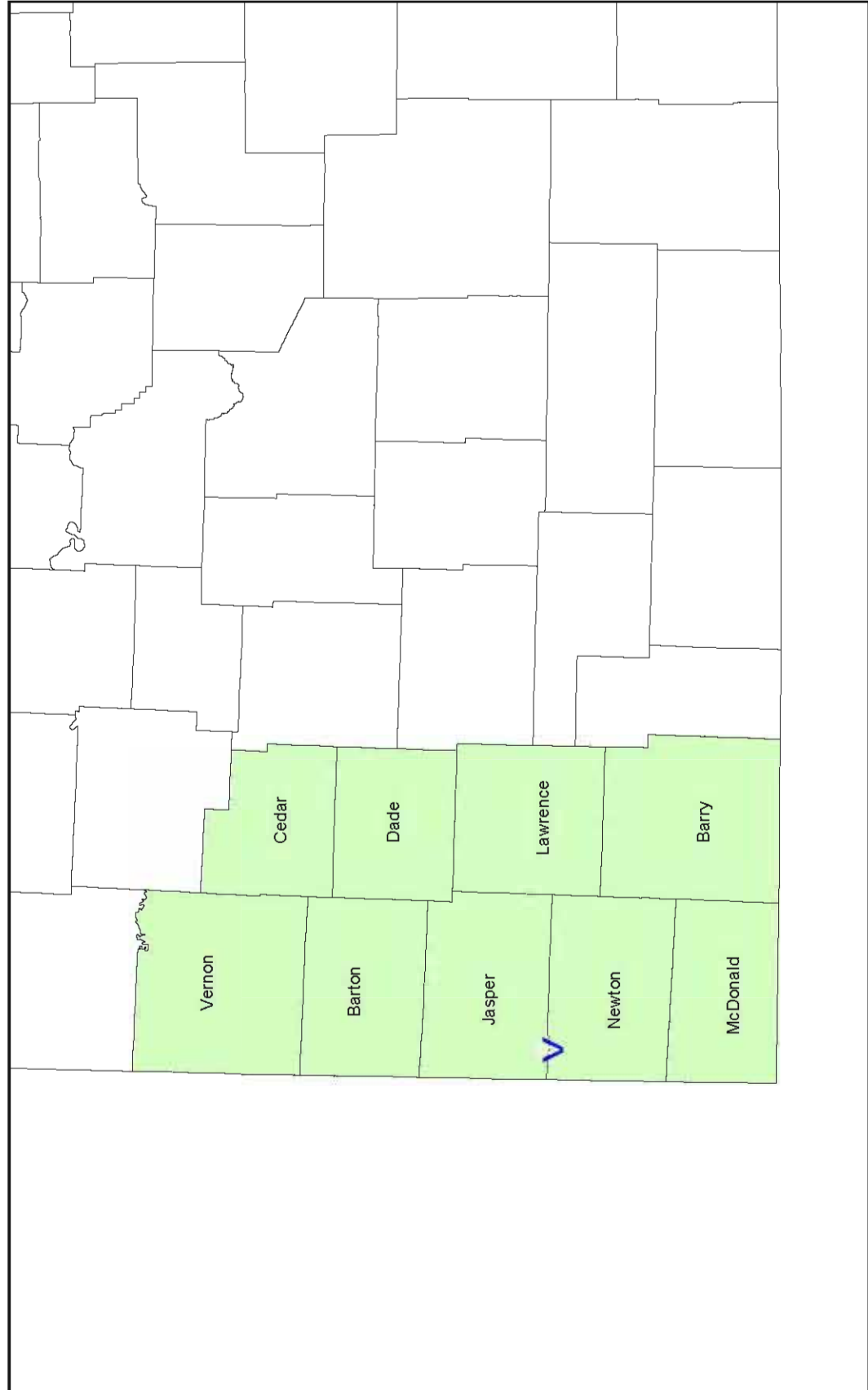
Freeman Health System primarily serves the communities in fifteen counties in Missouri, Kansas, and Oklahoma. In Missouri, Freeman serves Jasper, Newton, McDonald, Barton, Barry, Lawrence, Dade, Cedar, and Vernon counties. In Kansas, the counties served are Cherokee, Crawford, Labette, and Bourbon. In Oklahoma, Freeman serves Ottawa and Delaware counties.

The counties listed above total approximately 95% of Freeman Health System's volumes.

The map in **Exhibit F** identifies the Missouri counties that are part of Freeman's primary service area and the location of Freeman Hospital in Joplin.

Service Area (County Level)

Freeman Hospital
1102 W 32nd St
Joplin, MO 64804



II. Proposal Description

4. Provide 2015 population projections for the proposed geographic service area.

The following table provides population estimates for Missouri counties in Freeman Health System's service area. The estimates were provided by the Bureau of Vital Statistics, MCH Analysis and Support Unit. The source document for the population data is provided by **Exhibit G.**

<u>County</u>	<u>Total</u>	<u>65+</u>
Jasper	127,957	18,005
Newton	59,748	9,492
Lawrence	41,092	6,593
Barry	38,986	6,462
McDonald	24,465	2,447
Vernon	19,846	3,380
Cedar	13,610	2,789
Barton	12,994	1,836
Dade	7,434	1,586
	<u>346,132</u>	<u>52,590</u>

Mordica,Nathan M

From: DAlessandro, Renee [Renee.DAlessandro@health.mo.gov]
Sent: Thursday, October 03, 2013 9:15 AM
To: Mordica,Nathan M
Cc: McKinney, Tara
Subject: County Populations

Dear Mr. Mordica,

Please find the county information you requested below:

County	Total	65+
Jasper	127,957	18,005
Newton	59,748	9,492
McDonald	24,465	2,447
Barton	12,994	1,836
Vernon	19,846	3,380
Barry	38,986	6,462
Lawrence	41,092	6,593
Cedar	13,610	2,789
Dade	7,434	1,586

Please let me know if there is anything further I can do for you.

Thank you.

Renee D'Alessandro
Research Analyst III, Bureau of Vital Statistics – MCH Analysis and Support Unit
Division of Community and Public Health, Section of Epidemiology for Public Health Practice
Missouri Department of Health and Senior Services
920 Wildwood Drive
PO Box 570
Jefferson City, MO 65109
Phone: 573-751-6286
Fax: 573-526-4102
Renee.DAlessandro@health.mo.gov

This electronic communication is from the Missouri Department of Health and Senior Services and is confidential, privileged, and intended only for the use of the recipient named above. If you are not the intended recipient or the employee or agent responsible for delivering this information to the intended recipient: unauthorized disclosure, copying, distribution, or use of the contents of this transmission is strictly prohibited. If you have received this message in error, please notify the sender immediately at the following email address Renee.DAlessandro@health.mo.gov or by calling (573) 751-6286. Thank you.

II. Proposal Description

5. Provide other statistics to document the size and validity of any user-defined geographic service area.

In addition to the nine Missouri counties and 346,132 residents identified in the previous section, Freeman Health System also serves six counties in Kansas and Oklahoma. The table below provides 2013 population estimates for the six counties:

<u>County</u>	<u>Total</u>	<u>65+</u>
Bourbon (KS)	14,752	2,663
Cherokee (KS)	21,115	3,577
Crawford (KS)	39,303	5,737
Labette (KS)	21,387	3,747
Delaware (OK)	41,767	9,125
Ottawa (OK)	31,839	5,659
	<u>170,163</u>	<u>30,508</u>

The population estimates above were sourced from MHA HIDI census reports available through the HIDI Analytic Advantage website.

II. Proposal Description

6. Identify specific community problems or unmet needs the proposal would address.

With an additional linear accelerator in the service area, patients will have another option for treatment in the event of equipment repair or maintenance to the one linear accelerator operated by Alliance Oncology, LLC. More available treatment time in the region will allow for patients to have more options when scheduling appointments and finding an alternative to treatment cancellation or delay. Currently there are no cancer treatment programs in the proposed geographic service area offering in-house physician oncology services (including radiation and medical oncologists), chemotherapy, and radiation oncology under one treatment team. Freeman will be able to efficiently coordinate patient care by having most treatment options available in house with the medical staff to evaluate the treatment options. The patient medical record will be one record for all treatment services provided by Freeman.

II. Proposal Description

7. Provide historical utilization for each of the past three years and utilization projections through the first three full years of operation of the new equipment.

The approval of a linear accelerator would allow Freeman Health System to offer a new service through the Freeman Cancer Institute. There is no Freeman specific historical utilization for this type of equipment.

Projected utilization for first three years of operation is:

Year 1	5,712 treatments
Year 2	5,883 treatments
Year 3	6,059 treatments

II. Proposal Description

8. Provide the methods and assumptions used to project utilization.

Projected utilization for this service is based on information from Varian Medical System, The Advisory Board Company, and Freeman Health System's cancer registry data.

According to Freeman Health System's cancer registry data, approximately 300 Freeman Cancer Institute patients receive radiation oncology services annually. This average is based on calendar years 2009 thru 2012. Freeman Health System assumes that, at a minimum, 80% of those 300 patients would seek radiation oncology treatments through the service proposed by Freeman Health System.

Projections for treatments per patient are based on information from Varian Medical System for the mix of 2-D, 3-D, and IMRT treatment modalities, and information from The Advisory Board Company for average number of treatments per modality type. The Advisory Board Company information is sourced from the paper "Radiation Therapy Volumes, Staffing, and Operations: Analysis of the 2011 Oncology Roundtable Staff Benchmarking Survey and 2011 Oncology Roundtable Member Survey."

The table below outlines the method to project Year 1 utilization:

	Patient		Treatments	Total
<u>Modality</u>	<u>Mix</u>	<u>Patients</u>	<u>Per Patient</u>	<u>Treatments</u>
2-D	10%	24	10	240
3-D	55%	132	23	3,036
IMRT	35%	84	29	2,436
				<u>5,712</u>

In addition, Freeman Health System projects 3% annual volume growth due to maturation of the program and projected increases in the number of cancer cases diagnosed and treated by the Freeman Cancer Institute.

II. Proposal Description

9. Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.

Beginning with the quarter ending September 2013, Freeman Health System expanded its patient satisfaction survey program to include the patients of Freeman Cancer Institute. Freeman Health System's patient satisfaction surveys are conducted by Healthstream. Freeman Cancer Institute is compared to other outpatient based services for benchmarking purposes. In the quarter, eighty (80) patients were surveyed.

For the quarter, approximately 90% of the patients surveyed gave Freeman Cancer Institute the highest score possible for "Overall Rating of Facility", which ranked at the 89th percentile within the compare group. In addition, approximately 96% of the patients gave the highest possible score for "Overall Rating of Patient Care Staff", which ranked at the 99th percentile. By expanding Freeman Health System's oncology services to include radiation oncology, patients seeking treatment for cancer will receive care built on a foundation that promotes patient satisfaction and employs staff rated with high regard.

By offering radiation oncology services, Freeman patients will receive a higher level of continuity throughout their care. This higher level of continuity is achieved by:

- Utilizing a common electronic health record to better manage the overall treatment of the patient and track patient outcomes.
- Employing a radiation oncologist, in addition to six employed medical oncologists, creating an in-house team approach to patient care. This will also allow for prompt updates to treatment protocols.
- Providing consistent Freeman Health System standards of care for physicians and patient care staff, which make the patient satisfaction levels referenced above possible.

The technology selected for the linear accelerator provides a higher level of care not available with previous technology. The Varian TrueBeam system is a high-end radiation oncology treatment system that can enhance basic clinical applications, expand clinical applications, and enhance the treatment delivery process and efficiency. The TrueBeam is designed to deliver all types of treatments safer and up to 50% faster. The TrueBeam provides more precision with higher levels of radiation, which makes treatment faster and limits exposure to healthy tissue, reducing complications related to treatment.

II. Proposal Description

10. Provide copies of any petitions, letters of support or opposition received.

Provided on the following pages in **Exhibit H**, are letters of support for Freeman Health System's application for approval to purchase and operate a linear accelerator (project #4985 HS). Letters of support have been provided by:

- Senator Ron Richard, Majority Floor Leader, District 32
- Representative Bill White, District 161
- Representative Bill Lant, District 159
- Representative Bill Reiboldt, District 160
- Larry Neff, Spouse of Freeman Cancer Institute patient & has served on Freeman Health System Boards since 1996.
- Dr. Matthew D. Miller, D.O., Medical Director, Freeman Cancer Institute
- Bill Tandy, Freeman Cancer institute patient
- David A. Powell, President, Benefit Management Inc.
- JoAnn Evans, Vice President, Beimdiek Insurance Agency
- Phil Slinkard, Controller, H.E. Williams, Inc.
- Glen R. Davidson, P.E., Executive Vice President / CFO, Allgeier, Martin, and Associates, Inc.
- Jack Walling, Chief Financial Officer, Midcon Cables Co.
- Matt Aug, CFO, Cox HealthPlans

Following the letters of support in **Exhibit I**, is the public notice that ran in The Joplin Globe on Wednesday, October 9, 2013 to announce Freeman Health System is seeking approval for acquisition and operation of a linear accelerator to be located at 932 E. 34th Street, Joplin, Missouri, 64804.

CAPITOL OFFICE
STATE CAPITOL, ROOM 321
201 WEST CAPITOL AVENUE
JEFFERSON CITY, MISSOURI
65101-6806
TELE: (573) 751-2173
FAX: (573) 526-5813



DISTRICT 32 OFFICE
408 E. 32nd STREET
JOPLIN, MISSOURI 64804
TELE: (417) 623-0022
FAX: (417) 623-3241
E-MAIL:
ronald.richard@senate.mo.gov

RON RICHARD
MAJORITY FLOOR LEADER
SENATOR
DISTRICT 32

October 22, 2013

Certificate of Need Program
Health Facilities Review Committee
3418 Knipp Drive, Suite F
P.O. Box 570
Jefferson City, MO 65102

Ladies and Gentlemen,

This letter is being written in support of the Freeman Health System application for a Certificate of Need to purchase and install a linear accelerator at one of its Joplin facilities. This unit will bring state of the art radiation oncology to the Freeman Cancer Institute.

Freeman is a major employer in the 32nd Senatorial District and provides health care to the counties of Southwest Missouri, including comprehensive cancer treatments. Having a linear accelerator will mean the citizens in my district can stay at home and receive state of the art radiation cancer care at Freeman. Freeman operates Freeman West Hospital in Joplin as a nonprofit facility providing multi-discipline health care to the residents of the four-state area.

Please approve this application in due course so that procurement and construction may begin as soon as possible.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron Richard", written over a light blue rectangular background.

Senator Ron Richard
District 32

CAPITOL OFFICE
State Capitol
201 West Capitol Avenue
Jefferson City, MO 65101-6806
Tele: (573) 751-3791
Fax: (573) 522-0561
E-Mail:
bill.white@house.mo.gov

HOME ADDRESS
2122 E. 47th Street
Joplin, MO 64804
Tele: (417) 434-5361



MISSOURI HOUSE OF
REPRESENTATIVES

Bill White

State Representative
District 161

COMMITTEES
Vice-Chairman:
Retirement
Member:
Workforce Development and
Workplace Safety
Health Care Policy
Downsizing State Government
Missouri Sportsman Issue
Development
Issue Development Standing
Committee on Workers Freedom

October 22, 2013

Certificate of Need Program
Health Facilities Review Committee
3418 Knipp Drive, Suite F
P.O. Box 570
Jefferson City, MO 65102

Ladies and Gentlemen,

This letter is being written in support of the Freeman Health System application for a Certificate of Need to purchase and install a linear accelerator at one of its Joplin facilities. Freeman is a nonprofit facility providing multi-discipline health care at two facilities in House District 129, those being the Freeman West Hospital and Freeman East. It is my understanding that this unit will be placed at the Freeman East facility and will be operated as a part of the Freeman Cancer Institute, which currently provides comprehensive cancer treatment, except for radiation oncology.

This unit will bring state of the art radiation oncology to the Freeman Cancer Institute.

Freeman is a major employer in the four-state area, including comprehensive cancer treatments. Residents of many House Districts in Southwest Missouri will benefit from the availability of this unit at Freeman. Having a linear accelerator will mean the citizens of my district and adjoining districts can stay at home and receive state of the art radiation cancer care at Freeman.

Please approve this application so that construction and installation can begin as soon as possible.

Sincerely,

A handwritten signature in black ink, appearing to read "Bill White", with a stylized flourish at the end.

Bill White House
District 161

CAPITOL OFFICE
State Capitol
201 West Capitol Avenue
Jefferson City, MO 65101-6806
Tele: 573 751-9801

E-Mail:
bill.lant@house.mo.gov

DISTRICT ADDRESS
845 Elk River Road
Pineville, MO 64856
Tele: 417 437-8223



MISSOURI HOUSE OF REPRESENTATIVES

Bill Lant
State Representative
District 159

COMMITTEES

Workforce Development and
Workplace Safety – Chairman

Joint Committee on Child Abuse and
Neglect – Vice Chairman

Professional Registration
and Licensing

Transportation

October 23, 2013

Certificate of Need Program
Health Facilities Review Committee
3418 Knipp Drive, Suite F
P.O. Box 570
Jefferson City, MO 65102

Ladies and Gentlemen,

I understand that Freeman Health System is filing a Certificate of Need application for a linear accelerator to be located at one of its Joplin facilities. Freeman is a nonprofit hospital providing multi-discipline health care at three facilities; two in Joplin and one in Neosho. It is my understanding that this new unit will be placed at the Freeman East facility in Joplin. The Freeman Cancer Institute is a hospital-based Freeman entity which currently provides comprehensive cancer treatment, except for radiation oncology. The new unit will bring state of the art radiation oncology to Freeman.

Freeman is not only a major employer in Joplin and Neosho, its comprehensive Cancer Institute is relied upon by many patients fighting the disease in the area. Freeman owns and operates Freeman Ambulance Service in McDonald County, so this new service will be of benefit to many patients that live in House District 159. Having a linear accelerator in Joplin will mean that the citizens of my district and adjoining districts can stay close to home and receive state of the art radiation cancer care at Freeman.

Please approve this application to allow Freeman to begin this project as soon as possible.

Sincerely,

A handwritten signature in black ink, appearing to read "Bill Lant", written in a cursive style.

Bill Lant
State Representative
District 159

CAPITOL OFFICE
State Capitol
201 West Capitol Avenue
Jefferson City, MO 65101-6806
Tele: (573) 751-9781
E-Mail:
bill.reiboldt@house.mo.gov



COMMITTEES
Agriculture Policy - Chairman
Member: Appropriations -
Agriculture,
Ways & Means, Corrections

HOME ADDRESS
16106 Kentucky Rd.
Neosho, MO 64850
Tele: (417)456-0441

Bill Reiboldt

State Representative
District 160

October 23, 2013

Certificate of Need Program
Health Facilities Review Committee
3418 Knipp Drive, Suite F
P.O. Box 570
Jefferson City, MO 65102

Ladies and Gentlemen:

I am informed that Freeman Health System is filing a Certificate of Need application for a linear accelerator to be located in Joplin. Freeman operates a critical access nonprofit hospital in Neosho in addition to providing multi-discipline health care at two facilities in Joplin. It is my understanding that the new linear accelerator will be placed at the Freeman East facility in Joplin. Freeman has a Cancer Institute which is part of its Joplin hospital operation. This cancer center currently provides comprehensive cancer diagnosis and treatment, except for radiation oncology. The proposed linear accelerator will bring state of the art radiation oncology to the Freeman Cancer Institute.

The Freeman cancer services are relied upon by many patients fighting this terrible disease in the area. Freeman Neosho Hospital is located in my district and the new linear accelerator will be located just 15 miles from Neosho, so this new service will be of benefit to many of my constituents who live in House District 160. With this new unit the citizens of my district and adjoining districts can stay close to home and receive state of the art radiation cancer care at Freeman.

Please approve this application to allow Freeman to begin this project as soon as possible.

Sincerely,

A handwritten signature in blue ink that reads "Bill Reiboldt".

Bill Reiboldt
State Representative



October 23, 2013

To Whom It May Concern:

In October 2012 my wife Peggy Sue Neff was diagnosed with stage #4 lung cancer. She had spots on her lung and two cancer cells in the brain. We were working with Elizabeth Kent, M.D. at Freeman Cancer Center.

The first thing she did was send Peggy to Tulsa, Oklahoma to Hillcrest Hospital to have cyberknife treatment. This went very well and the brain cancer cells were destroyed with no after effects. Then she was started on chemo treatments at the Freeman Cancer Center in Joplin. This went very well. Yes, she had the usual side effects but nothing unexpected. Then we were assigned to the radiation department (which is next door, to meet with a Dr. Driver). He told her that she would have approximately 20 radiation treatments over a period of weeks.

As the treatments progressed, Peggy's skin between her breasts started turning black. After a few more weeks the skin on her back turned black. She would see Dr. Driver once a week for about 3 to 5 minutes; he would ask her how she was doing. She told him about her skin and that she was having trouble swallowing. After 17 or 18 treatments Peggy was complaining about swallowing, she could not eat and could not take any pain pills for the pain. She again told Dr. Driver about this; that she could not even swallow her own saliva. He in effect said, (and I quote) "You cannot even swallow a pill as little as the end of this pen?" That was the last time she saw Dr. Driver. Peggy had to be admitted to the hospital because she could not eat; her weight was down to 95 pounds from 125 lbs. They first started feeding her with a pic-line; ultimately they put in a stomach tube to feed her. After 42 days we got her home, 60 days after that she could eat and we had the stomach tube removed and her weight started improving.

We told Dr. Kent that we wanted another radiologist to finish her treatments, and she arranged for Dr. Duane Myers, who practices in Pittsburg, Kansas to finish her whole brain radiation. After all this time lapse we had to go back to Tulsa to have cyberknife again to eradicate two more brain cells and to eradicate a cancer cell in the back muscle. Which may or may not have developed if she would have had her radiation treatments on a timely schedule.

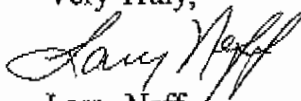
I complained after the pill incident to Freeman Administration. To my surprise I found out that Freeman Health System had no control over Dr. Driver. That the equipment was not theirs and that there was not any over sight of Dr. Driver by his peers in the Freeman system. To say the least this was a surprise to us. After some research we have found that 98% of the people in our area believe that the radiation doctor and equipment is all part of the Freeman Health System. It is presented as such and there is no reason for anyone to think different.

We, Peggy and I strongly endorse the request for Freeman Health System to have its own radiation equipment and its own physician overseeing the treatments for the following reasons:

- a. On more than one occasion, we arrived for treatment and were told to go home because the equipment was broke down, wasting a trip of 48 miles.
- b. Also, on several occasions we were called and told not to come because the equipment was broke down. This does not make for timely treatments in critically ill patients.
- c. There is not enough equipment to handle the patient load.
- d. The radiologist has got to have over-sight by his peers, the administration or ultimately the hospital board of directors.
- e. By Freeman Health System having their own equipment, this will make for more and better communication between Freeman oncologist and Freeman radiologist. This is not the case at the time; it does not seem as if they are on the same page.
- f. We, patients of S.W. Missouri and the four-state area have the right to have timely treatment and physicians that listen to the patients. The closest other treatment in this area is in Pittsburg, Kansas or Springfield, Missouri. We should not have to depend on 15 year old equipment and physicians & staff who are not responsible to anyone in the system where we receive our health care.

I will be very happy to come and testify before your committee if requested. And again ask you to allow Freeman Health System to install their own Cancer Treatment Radiology equipment.

Very Truly,



Larry Neff

**115 W. SPRING STREET -- PO BOX 525 -- NEOSHO, MO 64850
(417) 455-2005 -- FAX (417) 451-7048**



3415 McIntosh Circle | Joplin, MO 64804 | 417.347.4000 | 800.234.3737
freemanhealth.com

October 23, 2013

To Whom It May Concern:

Freeman Cancer Institute provides care for patients dealing with cancer. We provide comprehensive services and the most up-to-date technological advances in the fight against cancer. We have a strong multidisciplinary team, but lack our own radiation oncology as part of this multidisciplinary team. With the addition of Freeman owned radiation oncology it would provide consistent care for our patients. We would be able to share one patient health record which would enhance the on-going medical information regarding care treatments provided to patients. This would also allow the Medical Oncologist the opportunity to consult and discuss treatment options with the Freeman Radiation Oncologist.

If Freeman Health System had their own Radiation Oncology department, it would allow for greater clinical trial collaboration. This would offer our patients improved care through access to advanced techniques and promising new medicines.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. Miller'.

Matthew D. Miller, D.O.
Medical Director

10/7/2013

To Whom It May Concern::

My name is Bill Tandy, I received treatment for throat cancer at the Freeman Cancer Institute and then went next door for radiation. I feel I would have got better care if these two facilities were one. Having the two treatments in one would complete the "team" of doctors that would see a patient thru the whole process. This would improve communication between doctors and patients and have all records at everyone's disposal. To bring Freeman's philosophy to all facets of the treatment of cancer would enhance the confidence and mindset of the patient. As the care I receive at the Cancer Institute is second to none!

A handwritten signature in black ink that reads "Bill Tandy". The signature is written in a cursive, flowing style with a large initial "B" and a long, sweeping underline.

October 15, 2013

Certificate of Need Program
3418 Knipp Drive, Suite F, P.O. Box 570
Jefferson City, MO 65102


Dear Committee:

I am writing in regard to Freeman Health System's application to purchase and operate a linear accelerator. It is my understanding that the necessity of this resource must be approved by the Missouri Health Facilities Review Committee.

Benefit Management, Inc. is a Third Party Administrator, operating in Joplin since 1981. We administer group health benefits for many of the area's largest employers covering more than 8,000 plan participants. Those employer sponsored plans include many members in our area who have cancer and need access to radiation oncology. At the present, Joplin can not meet the demand for these health care services and many patients are diverted to other cities. This problem is magnified when more current technology is required. Our clients end up paying more for their necessary services when that happens and we recommend approval of a locally owned resource.

I commend the efforts of Freeman Health System and how they have responded to the needs in our community. Now, they need to offer expanded oncology services to the entire population that receives health care in Joplin. Please give approval for them to proceed with this necessary service and equipment procurement required.

Sincerely,



David A. Powell
President

beimdiek®

Insurance / Benefits / Financial Services

October 17, 2013

Certificate of Need Program
3418 Knipp Drive, Suite F, P.O. Box 570
Jefferson City, MO 65102

Dear Committee Members,

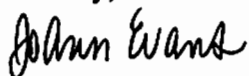
I am writing in support of Freeman efforts to purchase and operate a linear accelerator in Joplin, MO. It is my understanding that they have submitted a request to the Missouri Health Facilities Review Committee for consideration and approval.

I am currently a group health agent serving many employers and individuals in our market for their healthcare needs. My priorities are always to put my clients first and ensure that they receive the medical care and coverage they desire. I have worked with Freeman Health System for many years and found them to uphold the highest quality of care and service. They have continually strived services to be a more comprehensive program for oncology and provide continuity for the patient's treatment plan by providing services from diagnosis through entire treatment. I understand that this new equipment will being proposed is faster and safer than previous technologies.

With all that said, I fully support the efforts of Freeman Health System as they seek to offer expanded oncology services to those in our communities they serve. Freeman's programs that expand healthcare services and increase the number of access points for patients benefit our employees, their families, and the community at large.

I encourage the members of the committee to approve Freeman's request.

Sincerely,



JoAnn Evans
Vice President
Beimdiek Insurance Agency

303 WEST THIRD | PO BOX 612 | CARTHAGE, MISSOURI 64836 | P 417.358.4007 | F 417.358.4052

2660 EAST 32nd STREET, SUITE 102 | JOPLIN, MISSOURI 64804 | P 417.781.5040 | F 417.358.4052

124 NORTH COLLEGE STREET | NEOSHO, MISSOURI 64850 | P 417.455.2415 | F 417.358.4052

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P.O. Box 837
Carthage, Missouri 64836
417-358-4065
Fax: 417-358-1282
www.hewilliams.com

A Visible Difference®

October 17, 2013

Certificate of Need Program
3418 Knipp Drive, Suite F
P.O. Box 570
Jefferson City, MO 65102

To Whom It May Concern:

It is my pleasure to write a letter in support of the application to purchase and operate a linear accelerator being submitted to the Missouri Health Facilities Review Committee by Freeman Health System.

The addition of this equipment would assist Freeman Health System in providing a more comprehensive oncology program. In addition, the equipment promotes continuity for the patient by allowing Freeman Health System to provide services from diagnosis through treatment.

I fully support the efforts of Freeman Health System as they seek to offer expanded services to the communities they serve. Programs that expand healthcare services and increase the number of access points for patients benefit our employees, their families, and the community at large.

Sincerely,

Phil Slinkard
Controller
H. E. Williams, Inc.

FLUORESCENT LIGHTING
DOWNLIGHTING
OUTDOOR LIGHTING

ALLGEIER, MARTIN and ASSOCIATES, INC.

CONSULTING ENGINEERS and SURVEYORS
www.iamce.com

October 14, 2013

Certificate of Need Program
3418 Knipp Drive, Suite F, P.O. Box 570
Jefferson City, MO 65102

Re: Freeman Health System Application for Linear Accelerator

To Whom It May Concern:

Allgeier, Martin and Associates, Inc. is pleased to support Freeman Health System's application to the Missouri Health Facilities Review Committee to purchase and operate a linear accelerator.

We fully support the efforts of Freeman Health System to offer expanded and more comprehensive oncology services. Expanded oncology services will benefit the region by increasing the number of points where patients can access cancer treatment, by providing for better continuity for patients from diagnosis throughout treatment, and by providing faster and safer cancer treatments. In particular, we understand that linear accelerators produce and deliver radiation with precision that was not available previously, and that treatments are faster and safer, enabling radiation therapy to be an option for more patients than ever before.

Sincerely,



Glen R. Davidson, P.E.
Executive Vice President / CFO

MIDCON

October 16, 2013

Certificate of Need Program
3418 Knipp Drive, Suite F, P.O. Box 570
Jefferson City, MO 65102

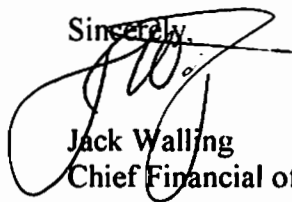
To Whom It May Concern:

It is my pleasure to write a letter in support of the application to purchase and operate a linear accelerator being submitted to the Missouri Health Facilities Review Committee by Freeman Health System.

In recent years Midcon has noticed more oncology cases. Any equipment that delivers high-energy rays to tumors and allows radiation to be delivered from any angle shaping radiation beams to the contour of a tumor is faster and safer than previous technologies. The acquisition of this new equipment would help expand Freeman's services and allow a more comprehensive oncology program that promotes continuity for the patient's treatment plan.

As a senior staff manager and the medical plan administrator I fully support the efforts of Freeman Health System as they seek to offer expanded oncology services to the communities they serve. Programs that expand healthcare services for patients benefit our employees, their families, and the community at large.

Sincerely,



Jack Walling
Chief Financial officer



October 16, 2013

Certificate of Need Program
3418 Knipp Drive, Suite F, P.O. Box 570
Jefferson City, MO 65102

Dear CONP Committee Members,

I am writing in support of Freeman efforts to purchase and operate a linear accelerator in Joplin, MO. It is my understanding that they have submitted a request to the Missouri Health Facilities Review Committee for consideration and approval.

Cox HealthPlans very much values the quality healthcare that Freeman Health System provides to our members in Southwest Missouri. We have partnered with Freeman Health System for many years and found them to consistently strive to improve the level of care in the region.

Cox HealthPlans supports the efforts of Freeman Health System as they seek to offer expanded oncology services. We view this as a positive approach in furthering quality healthcare, improving patient access and maintaining competitive pricing to our membership.

We encourage the members of the committee to approve Freeman's request.

Sincerely,

Matt Aug
CFO

**THE JOPLIN
GLOBE**

P.O.Box 7, Joplin, Missouri 64802
Phone(417)623-3480
Fax(417)623-8450

(First Published October 9, 2013)
Freeman Health Systems is seeking
Certificate of Need approval from the
Missouri Health Facilities Review
Committee for the acquisition and operation
of a linear accelerator, to be located at 932
E. 34th Street, Joplin, Missouri 64804.
Comments or questions about the matter
should be addressed to H. Dwight Douglas,
Freeman Health System, 1102 West 32nd
Street, Joplin, Missouri 64804.
(027)

FREEMAN HEALTH SYSTEMS
1102 WEST 32
JOPLIN MO 64804

AFFIDAVIT OF PUBLICATION

State Of Missouri:

Counties Of Jasper/Newton

I, MANDY O. WILLIAMS, being duly sworn according to law, STATE
that I am Business Manager of THE JOPLIN GLOBE.

The Joplin Globe is a daily newspaper of general circulation in
the counties of Jasper/Newton, which has been admitted to the post
office as second-class matter in city of Joplin, the city of
publication: which newspaper has been published regularly and
consecutively for a period of three years and has a list of
bonafide subscribers voluntarily engaged as such, who have
paid or agreed to pay a stated price for a subscription for a
definite period of time, and that such newspaper has complied
with the provisions of section 493.050, Missouri Revised
Statutes, 1959. The below listed advertisement appeared in
the following issue(s):

PUBLICATION	EXPIRED DATE	AD CAPTION	#TIMES	AMOUNT
THE JOPLIN GLOBE	10/09/2013	LEGAL 027/CERTI	1	48.44
10/09/2013				

Mandy O. Williams (Business Manager)
Mandy O. Williams

Subscribed and sworn to before me this 9th day of

October, 2013

Diana J. Crouch Notary Public
Diana J. Crouch/T1146002
02/21/2015

Divider III.

Community Need Criteria and
Standards:

III. Community Need Criteria and Standards:

1. For new units address the need formula for the proposed geographic service area.

19 CSR 60-50.440 Criteria and Standards for Equipment and New Hospitals

(1) For new units or services in the service area, use the following methodologies:

(A) The population-based need formula should be (Unmet need = $(R \times P) - U$) where:

P = Year 2015 population in the service area(s). Use population in 19 CSR 60-50.430;

U = Number of service units in the service area(s); and

R = Community need rate of one (1) unit per population listed as follows:

1. Magnetic resonance imaging unit 28,000
2. Positron emission tomography/computed tomography unit 224,000
3. Lithotripsy unit 486,000
- 4. Linear accelerator unit 78,000**
5. Cardiac catheterization lab 42,000
6. Gamma knife 1,947,000
7. Computed tomography 15,000

Below is the calculation specific to project number #4985 HS:

P = 346,132 (based on information provided in II. Proposal Description, 4.)

U = 1 (for counties identified in market according to Inventory of Major Medical Equipment)*

R = 1/78,000 (standard for linear accelerator)

Unmet need = $(1/78,000 \times 346,132) - 1 = 3.44$ linear accelerators for defined market

* The one linear accelerator in the defined market is operated by Alliance Radiation Oncology. Alliance Radiation Oncology has no affiliation agreement with Freeman Health System. They are owned and operated by Alliance Oncology, LLC (Newport Beach, California).

Freeman Health System has no ownership interest in a linear accelerator shown on the Inventory of Major Medical Equipment in Missouri under the name "Freeman Radiation Oncology" provided at the

<http://health.mo.gov/information/boards/certificateofneed/pdf/eqptinv.pdf> web address.

III. Community Need Criteria and Standards:

2. For new units, address the minimum annual utilization standard for the proposed geographic service area.

19 CSR 60-50.440 Criteria and Standards for Equipment and New Hospitals

(1) For new units or services in the service area, use the following methodologies:

(B) The minimum annual utilization for all other providers in the service area should achieve at least the following community need rates as follows:

1. Magnetic resonance imaging procedures 2,000
2. Positron emission tomography/computed tomography procedures 1,000
3. Lithotripsy treatments 1,000
- 4. Linear accelerator treatments 3,500**
5. Cardiac catheterization procedures (include coronary angioplasties) 500
6. Gamma knife treatments 200
7. Computed tomography 3,500

According to the certificate of need application submitted on behalf of Alliance Oncology, LLC for project number 4921 HS, the average number of treatments performed with their Varian 2100 linear accelerator for the prior three years was 9,212 per year.

Divider IV.

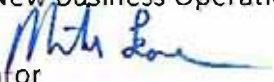
Financial Feasibility Review
Criteria and Standards:

IV. Financial Feasibility Review Criteria and Standards:

1. Document that sufficient financing is available by providing a letter from a financial institution or an auditor's statement indicating that sufficient funds are available.

The enclosed documents in **Exhibit J** provide the following:

- An internal memo from Mike Leone, Controller, stating Freeman Health System has multiple sources of funding available for the proposed project.
- A memo from Commerce Bank identifying a line of credit available to Freeman Health System with a borrowing capacity of \$5,000,000

Date: October 9, 2013
To: Nathan Mordica, Director, New Business Operations
From: Mike Leone, Controller 
Subject: Financing of Linear Accelerator

Freeman Health System has several options available to finance the acquisition of equipment, construction, and start up expenses associated with adding radiation oncology services. Financing options include:

- Cash generated from operations
- Freeman Unrestricted Investment account, 9/30/13 balance of \$11,526,300
- Line of Credit with Commerce Bank, borrowing capacity of \$5,000,000
- Private placement debt with one of Freeman's regional banking partners
- Public issuance of debt through Health Facilities Revenue Bonds

For documentation purposes, I've included the September 30, 2013 Unrestricted account statements and the Disbursement Request and Authorization agreement for the Line of Credit.

Freeman recently completed private placement debt with Bank of Oklahoma to finance the Freeman Women's Center and Midwest Orthopedic Surgical Center. Freeman recently completed private placement debt with Bank of America to finance Freeman's electronic medical record. Freeman recently completed Letter of Credit variable rate bond financing with U.S. Bank. Freeman has an excellent banking relationship with Commerce Bank. Freeman could reach an agreement with one of these banking partners to finance the equipment and construction of radiation oncology services.

Freeman completed a bond issue in 2011 to finance the completion of the 5th and 6th floors of the West Campus patient tower and expand the nutrition department including a new cafeteria for visitors and employees. Freeman completed a bond issue in 2012 to refund the 1994 and 1998 bond issues. Freeman has demonstrated the ability to complete a public debt issue to finance the equipment and construction of radiation oncology services.



Commerce Bank

Post Office Box 419248
Kansas City, Missouri 64141-6248
816-234-2000
commercebank.com

October 22, 2013

Re: Freeman Health Systems Line of Credit

To Whom it May Concern:

Commerce Bank has had a longstanding relationship with Freeman Health Systems. We provide a number of financial services to Freeman including a committed \$5,000,000 revolving line of credit. This line is active and available to them for general corporate purposes.

Please feel free to contact me at (816) 234-7393 if I can be of further assistance.

Regards,

Joe McCaddon
Senior Vice President
Commerce Bank

Cc: Mike Leone

**SERVICE-SPECIFIC REVENUES AND EXPENSES****Historical Financial Data for Latest Three Years plus Projections Through Three Years Beyond Project Completion**

(Use an individual form for each affected service with a sufficient number of copies of this form to cover entire period, and fill in the years in the appropriate blanks.)

	Year		
	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
Amount of Utilization:*	<u>5,712</u>	<u>5,883</u>	<u>6,059</u>
Revenue:			
Average Charge**	<u>\$1,370</u>	<u>\$1,411</u>	<u>\$1,453</u>
Gross Revenue	<u>\$7,825,440</u>	<u>\$8,300,913</u>	<u>\$8,803,727</u>
Revenue Deductions	<u>4,938,160</u>	<u>5,238,210</u>	<u>5,555,500</u>
Operating Revenue	<u>2,887,280</u>	<u>3,062,703</u>	<u>3,248,227</u>
Other Revenue	<u>0</u>	<u>0</u>	<u>0</u>
TOTAL REVENUE	<u>\$2,887,280</u>	<u>\$3,062,703</u>	<u>\$3,248,227</u>
Expenses:			
Direct Expense			
Salaries	<u>861,200</u>	<u>887,040</u>	<u>913,650</u>
Fees	<u>20,000</u>	<u>256,000</u>	<u>256,000</u>
Supplies	<u>20,000</u>	<u>21,220</u>	<u>22,510</u>
Other	<u>60,000</u>	<u>61,800</u>	<u>63,650</u>
TOTAL DIRECT	<u>\$961,200</u>	<u>\$1,226,060</u>	<u>\$1,255,810</u>
Indirect Expense			
Depreciation	<u>627,714</u>	<u>627,714</u>	<u>627,714</u>
Interest***	<u>237,207</u>	<u>237,207</u>	<u>237,207</u>
Overhead****	<u>332,555</u>	<u>400,659</u>	<u>414,600</u>
TOTAL INDIRECT	<u>\$1,197,476</u>	<u>\$1,265,580</u>	<u>\$1,279,521</u>
TOTAL EXPENSE	<u>\$2,158,676</u>	<u>\$2,491,640</u>	<u>\$2,535,331</u>
NET INCOME (LOSS):	<u>\$728,604</u>	<u>\$571,063</u>	<u>\$712,896</u>

* Utilization will be measured in "patient days" for licensed beds, "procedures" for equipment, or other appropriate units of measure specific to the service affected.

** Indicate how the average charge/procedure was calculated.

*** Only on long term debt, not construction.

**** Indicate how overhead was calculated.

IV. Financial Feasibility Review Criteria and Standards:

3. Document how patient charges were derived.

Freeman Health System derives patient charges by seeking direction from a third party to determine the appropriate charge for the region and service line. Previously Freeman Health System has engaged PARA Healthcare Financial Services to provide this service. Going forward, Craneware will likely be engaged for this service. In addition to regional, service specific benchmarks, Freeman Health System direct and indirect costs are factored into the pricing methodology.

For the purposes of this application, price estimates were made using the Freeman Cancer Institute as a model. Freeman Health System will engage a third party at the appropriate time to ensure that patient charges for the program factor in costs associated with operations and are appropriate for the region.

IV. Financial Feasibility Review Criteria and Standards:

4. Document responsiveness to the needs of the medically indigent.

Freeman Health System's mission is to improve the health of the communities we serve through contemporary, innovative, quality healthcare solutions. As a 501(c)(3) organization, Freeman Health System does not operate for the benefit of private interests, and no part of the organization's net earnings are intended to benefit any private shareholder or individual.

Freeman Health System is an enrolled MO HealthNet provider. In addition, because Freeman Health System serves a larger number of MO HealthNet patients and uninsured individuals, as well as Medicaid patients from bordering states, Freeman is considered a qualified Medicaid Disproportionate Share Hospital (DSH).

The following documents provide Freeman Health System's Financial Assistance Policy (**Exhibit K**), which directly addresses the financially and medically indigent, and Freeman's 2011 Community Benefit Report (**Exhibit L**) to provide scope.

Name: Financial Assistance Policy

Path: \\ SUPPORT DEPARTMENTS
POLICIES\ Patient Accounts

Effective Date: 4/23/2010

Status: Active [DAWSON,VIRGINIA A]

Supersedes:

Approval(s): CEO or COO

Department(s):

Employee	Decision
DAWSON,VIRGINIA A	Approved
APFELBAUM,LISA M	Approved

Dept #	Department
01.66270	FHS HOME CARE
01.99600	FHS PROF SUPPORT
01.68050	FHS HEALTH ESSENT
01.72100	FHS ADMISSIONS
01.72200	FHS PATIENT ACCTS
01.79960	FHS OZARK CENTER
04.72100	FNH ADMISSIONS
04.72200	FNH PATIENT ACCTS
04.99600	FNH PROF SUPPORT

Revisions: 04/2010 , 03/2011 , 05/2011 ,
03/2013Reviews: APFELBAUM,LISA M-08/2010 ,
APFELBAUM,LISA M-02/2012 ,
APFELBAUM,LISA M-10/2012

Special Approvals:

Keywords:

Reviewer(s): APFELBAUM,LISA M
[01.72200] FHS PATIENT ACCTS
[1000012] DIR PATIENT FINANCIAL SVCS**POLICY STATEMENT:**

Freeman Health System offers financial assistance for residents of the Health System including, Hospital, Home Health, Urgent Care Centers, Physician Groups, and Health Essentials service areas. Those qualified are uninsured or underinsured person of limited means, without regard to race, ethnicity, gender, religion or national origin. Services covered under the Financial Assistance (FA) policy must be deemed Medically Necessary and are subject to the discretion of Freeman Health System. Financial Assistance services eligible for Health Essentials must be "life sustaining" i.e. oxygen; c-pap; bi-pap; Group 3 power wheel chairs. Services that are cosmetic, purchased services such as lithotripsy, and elective procedures which are not essential to maintaining quality of life will not be covered under the Financial Assistance Program. Services related to extended care such as Inpatient Skilled Care and Inpatient Acute rehab will be considered post discharge and approved only by Management.

PURPOSE:

To create a system wide policy that properly identifies those patients who are financially indigent or medically indigent, who do not qualify for state and/or government assistance, and to provide assistance with their healthcare services deemed Medically Necessary.

ELIGIBILITY FOR FINANCIAL ASSISTANCE

1. FINANCIALLY INDIGENT:

- A. A financially indigent patient is a person who is uninsured and is accepted for care with no obligation or a discounted obligation to pay for services rendered based on the Health Systems eligibility criteria as set forth in this Policy.
- B. To be eligible for Financial Assistance as a financially indigent patient, the patient's total gross household income shall be at or below 150% of the current Federal Poverty Income Guidelines (FPG) for consideration of a full 100% financial assistance write off. The Health System may consider other financial assets and liabilities for the person when determining eligibility.
- C. The Health System will use the most current Federal Poverty Income Guideline issued by the U.S. Department of Health and Human Services to determine an individual's eligibility for Financial Assistance as a financially indigent patient. The Federal Poverty Income Guidelines are published in the Federal Register in January or February of each year and for the purposes of this process will become effective the first day of the month following the month of publication.
- D. In no event will the Health System establish eligibility criteria for financially indigent patients which sets the income level for Financial Assistance lower than that required for counties under the State Indigent Health Care and Treatment Act, or higher than 150% of the current Federal Poverty Income Guidelines for benefits eligible for a 100% adjustment. However, the Health System may adjust the eligibility criteria from time to time based on the financial resources of the Health System and as necessary to meet the Financial Assistance needs of the community.

2. MEDICALLY INDIGENT:

- A. A medically indigent patient is a person whose medical bills after payment by third party payers exceed a person's ability to pay based on gross income as defined herein and who is unable to pay the remaining bill.
- B. To be eligible for Financial Assistance as a medically indigent patient, they must have a FPG score of 100% to 150% for a full adjustment on services deemed as self pay after all payers have been exhausted. For patients with FGP scores greater than 150% a sliding scale will be utilized to determine the patient's ability to pay.
- C. A determination of the patient's ability to pay the remainder of the bill, or portion of the bill, will be based on whether the patient reasonably can be expected to pay the account, such as but not limited to "payments of \$50.00 per month or satisfaction of debt in a 2 year period."
- D. The patient may be eligible for a financial assistance discount for any amount beyond what the patient is expected to pay over a 2 year period, with consideration to the FPG guidelines.
- E. If a determination is made that a patient had the ability to pay the remainder of the bill, such a determination does not prevent a reassessment of the patient's ability to pay at a later date should there be a change in the patient's financial status. Reconsideration may require approval from the facility director.

THE PROCESS

1. Who May Apply: Any patient, or their legal representative, who is a permanent resident of Freeman Health System service areas. The Facility Director may grant an exception to the requirement that the patient be a resident of the Health System service area on a case by case basis for good cause shown.

2. Identification of Financial Assistance:

- A. Patients may complete the Financial Assistance Application "FA", form number 01.70000.72200.PTAC.0007.0811, prior to services, during the registration, financial counseling process or after care has been provided.
- B. All self-pay accounts will be screened for potential Medicaid eligibility as well as coverage by other sources, including governmental programs. During this screening process a FA will be completed. Any identified payer source found during the FA will be bill for services rendered,

and the assistance determination will cease. A patient may apply for patient responsibilities deemed after payment from the identified payer(s). All Available financial resources must be exhausted before consideration for financial assistance. If the patient does not meet state Medicaid criteria, it is not necessary to process an application through that program.

- C. The FA will be reviewed by each facility with determination noted on the shared drive for accessibility for other Freeman Health Providers whom may have provided services to the applicant.
- D. The following documents will be required to process the FA consideration:
 - 1. Application
 - 2. Proof of Identity (Drivers license, or other Photo ID with patients address)
 - 3. Proof of residency (Such as utility bill or Voters ID card) *or certified letter from person(s) supporting patient and residence that they reside in.
 - 4. Proof of Yearly Income (Copies of the previous year's income tax return)
 - 5. Proof of Current Income (Copy of employers check stub)
 - 6. Proof of any other income (copies of all bank statements for a prior 3 months if available)
- E. The Health System may run a credit report to verify information and determine if there are revolving lines of credit or other assets that could be liquidated to pay for healthcare provided. A Credit Report may be run to confirm statements regarding income, debt and available credit. Unless the patient can explain why the credit report reflects conflicting information such as open lines of credit that are current, mortgage loans that are current, credit cards that are current (any one or combination), the Financial Assistance application may be denied. Acceptable explanations such as recent loss of employment must be supported through documentation such as termination letter or a letter from prior employer stating that the patient/guarantor is no longer employed as of specified date.
- F. Where the patient/guarantor indicates they do not file federal tax returns, the health system may request that the patient/guarantor complete IRS form 4506-T (Request for Transcript of Tax Return), found on-line at www.irs.gov/pub/irs-pdf/f4506t.pdf. The patient/guarantor should complete lines 1-5 after the Health System has completed lines 6-9. Health System will complete line 6 by entering '1040', will check boxes 6(a) and box 7. In box 9 Health System will enter prior year and prior 3 years. G. The Financial Counselor or responsible Freeman Health Employee will contact any vendor who may be working the account, to stop all collection efforts on the account.
 - **Income tax filing per federal guidelines are as follows: Married Under 65 \$19,000.00, Married Over 65 \$20,150.00, Single Under 65 \$9,500.00, Single Over 65 \$10,950.00**
- H. If the FA is incomplete it will be the responsibility of the patient to complete the application and provide supporting documents to constitute a complete application. The Incomplete application will be returned to the patient via mail and in some cases FHS representative may contact patient/guarantor by phone to obtain the required information noting such contact in comments. **Note that all FA's should be reviewed if delivered in person to confirm completion.* Applications that remain incomplete after 30 days of request for information may be denied, without supporting information that would have lead to delay; (such as but not limited to major illness of self or dependant, death in family etc.)
- J. The application may be reopened and reconsidered for FA once the required information is received.
- K. The facility receiving the completed FA is responsible for reviewing every application to make sure required documents are present and all information is verified. Drawing lines through fields such as income is not appropriate. If the income is zero, this must be indicated by a zero.
- L. It is Freeman Health Systems standard policy to consider patient requests for FA prior to agency assignment. Consideration of FA per patients/guarantor's request after agency assignment must be approved by the Director of Patient Financial Services or Director of Practice Management with supporting documentation as to the delay in completion of the FA.
- M. Patients that are proven to be homeless and or incarcerated and unable to provide verifications to complete the FA may be approved with management consideration.

3. FACTORS TO BE CONSIDERED FOR FINANCIAL ASSISTANCE

- A. The following factors are to be considered in determining the eligibility of the patient for Financial Assistance:
 - 1. Gross Income
 - 2. Family Size
 - 3. Employment status and future earning capacity
 - 4. Other financial resources
- B. The income guidelines necessary to determine the eligibility for FA are attached on Exhibit "B". The current Federal Poverty Guidelines are attached as Exhibit "C" and they include the definition of the following:
 - 1. Family
 - 2. Income
- C. Applicants must meet the below guidelines for assets to be eligible for consideration. An applicant may spend down available assets in order to be eligible for consideration, though the "spend down" must be applied to health care debt or daily living expenses.
 - 1. Cash assets less than \$1000 single
 - 2. Cash assets less than \$2000 married
 - 3. Real estate assets less than \$27,000 single
 - 4. Real estate assets less than \$54,000 married
 - a. Real estate assessment is determined by current market value minus outstanding loan amount.
- D. Financial Assistance applications will be retained on file for 7 years and approved applications will be available and in effect for Freeman Health System for 3 months or 90 days prior to and after the discharge date on the approved account in consideration, with the exception of outpatient recurring dialysis, and recurring rentals which will be approved for 1 year. Applications must be scanned and available for Freeman Health Providers allowing cross access to reduce duplicate efforts and to assure standard practices across the health system.

4. FAILURE TO PROVIDE APPROPRIATE INFORMATION

- Failure to provide information necessary to complete a financial assessment within 30 days of the request may result in a negative determination. The account may be reconsidered upon receipt of the required information, providing the account has not been written off to bad debt or otherwise approved.

5. TIME FRAME FOR ELIGIBILITY DETERMINATION

- A determination of eligibility will be made by the rendering facility within 15 working days after the receipt of all information necessary to make a determination.

6. DOCUMENTATION OF ELIGIBILITY DETERMINATION AND APPROVAL OF WRITE-OFF

- A. The Financial Counselor or assigned representative will be responsible to assure that the FA is completed and accurate to the best of their knowledge. A completed FA decision tree form No. 01.9600.9050.ADMS.0136.0410 will be utilized to determine that all sections are complete and all documentation is present with the assigned representative initialing each section to validate and approve its completion.
- B. If the Financial Counselor determines through the review process that the applicant does qualify for either a full or partial financial assistance adjustment, the application and decision tree will be forwarded to the facility manager for approval.
 - a. Complete reviews of such applications by management will occur on the exception basis.
- C. Upon approval by management the appropriate adjustment will be entered on the patient's eligible account/charge(s).

- D. Once the eligibility determination has been made, the results will be documented in the comments section on the patient's account and the completed and approved FA will be filed on the system shared drive. Patients will not receive approval notification though all denied Financial Assistance cases will result in notification to the patient and collection efforts invoked.
- E. Approved notifications will placed on reporting tool in the SharePoint Departments "Patient Accounts" and Financial Assistance approval. Once an application has been approved the approval is good for 90 days or 3 months prior to or from the discharge date mention in above policy. SharePoint maintains a listing of patients approved, including the percentage of approval, and the date span in which their application covers. If a patient indicated that they have completed a FAA FHS employees can view the site to determine if they are under an approved time span avoiding the need to have the patient or guarantor complete another FAA within such a time frame.
 - a. Once a week departments approving Financial Assistance for FHS must add patients to the SharePoint site to assure that we are recording eligible patients, to reduce the duplication of efforts and to assure that were consistent in our approval process throughout the FHS organization.

7. REPORTING OF FINANCIAL ASSISTANCE

- Information regarding the amount of Financial Assistance provided by the health system, based on the health system's fiscal year, shall be aggregated and included in the annual report filed with the Bureau of State Health Data and Process Analysis at the State Department of Health. These reports also will include information concerning the provision of government sponsored indigent health care and other county benefits.

8. Presumptive Eligibility

- Upon administration and or director approval FHS will consider accounts eligible for FA based on presumptive criteria including but not limited to:
 - Low Collectability score
 - Collection efforts exhausted
 - Internal or External
 - No contact: attempts to contact via phone skip tracing and mail and potential home visit.
 - No payment / Arrangements

Exhibit A:

Freeman Health Systems

Financial Assistance/Financial Assistance Program Application

Form No. 01.70000.72200.PTAC.0007.0811

Exhibit B:

Income Guidelines for Determining % of Financial Assistance Discount

(For Financially Indigent Patients)

Based Current Year's Federal Poverty Income Guidelines 2013

% of Poverty Income	Discount from charges
Equal to or Below Poverty	100%
100-150%	100%
151-200%	75%
201-250%	50%

Exhibit C:

2013 Federal Poverty Income Guideline

The Department of Health and Human Services has issued updated Poverty Guidelines for

2013 (reference: <http://aspe.hhs.gov/poverty/13poverty.cfm#guidelines>)

The 2013 Poverty Guidelines for the 48 Contiguous States and the District of Columbia	
Persons in family	Poverty guideline
1	\$11,490
2	\$15,510
3	\$19,530
4	\$23,550
5	\$27,570
6	\$30,590
7	\$35,610
8	\$39,630

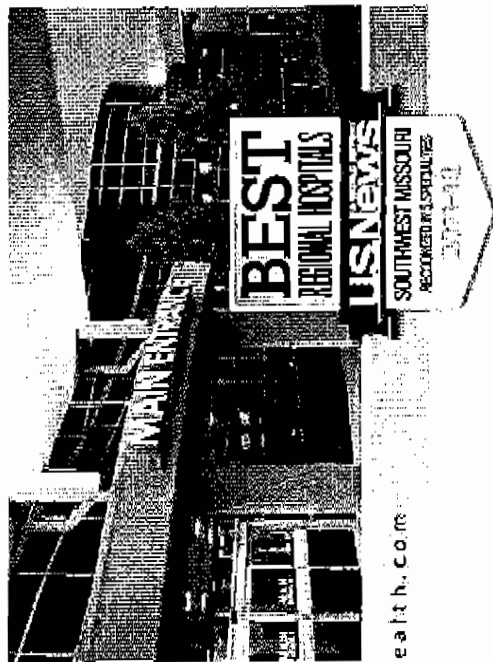
For families with more than 8 persons, add \$4,020 for each additional person.

These guidelines are effective immediately upon publication in the Federal Register. As noted In the Federal Register notice, there is no universal administrative definition of income that is valid for all programs that use the poverty guidelines. The office or organization that administers a particular program or activity is responsible for making decisions about the definition of income used by that program...to find out the specific definition of income used by a particular program, you must consult the office or organization that administers that program.

Policy:
Version:

Generated: [10/17/2013 8:51 AM]
Expires: [10/19/2013 8:51 AM]

PRIVILEGED TO SERVE AS THE AREA'S **ONLY LOCALLY OWNED,** NOT-FOR-PROFIT HEALTH SYSTEM



freemanhealth.com

Reinvesting in our community

FREEMAN HEALTH SYSTEM 2011 COMMUNITY BENEFIT TOTALS

Charity care	\$5,865,712	Freeman employees provided support for the following:	\$70,992
Unpaid cost of Medicaid program	15,262,285	Freeman Foundation	83,907
Community health services	480,411	United Way of Southwest Missouri & Southeast Kansas	12,934
Health professions education	1,037,661	Neosho United Fund	41,612
Subsidized services	2,413,742	Children's Miracle Network Hospitals	
Research	341,921		
Financial and in-kind contributions	667,209		
Community-building activities	86,149		
Freeman Foundation provided support for:			
Healthcare education	\$17,153		
Cancer education/detection/community health	22,053		
Direct financial assistance/Chaplain's Fund and Cancer Fund	37,760		
Children's Miracle Network Hospitals provided:	\$119,606		

Fostering good health

Freeman fosters the health of the community through many outreach programs:

- Smoking cessation
- Support groups for a variety of illnesses and conditions
- Low-cost community health screenings
- Mammograms for under-insured women through Helping Friends Mammogram Fund
- Free annual preseason physical exams for athletes attending area schools and colleges

Supporting our schools

- Freeman collaborates with Joplin Public Schools through Bright Futures and a partnership supporting South Middle School, Joplin High School, Early Childhood Learning Center, and Franklin Technology Center, helping with events, functions, and other needs of students and teachers.
- Freeman supports the Together Reaching Every Kid project, in which members of the community volunteer their time to tutor and mentor students after school to improve student achievement in reading and math.

Freeman offers payment options and financial assistance for those who qualify.

Exhibit L

